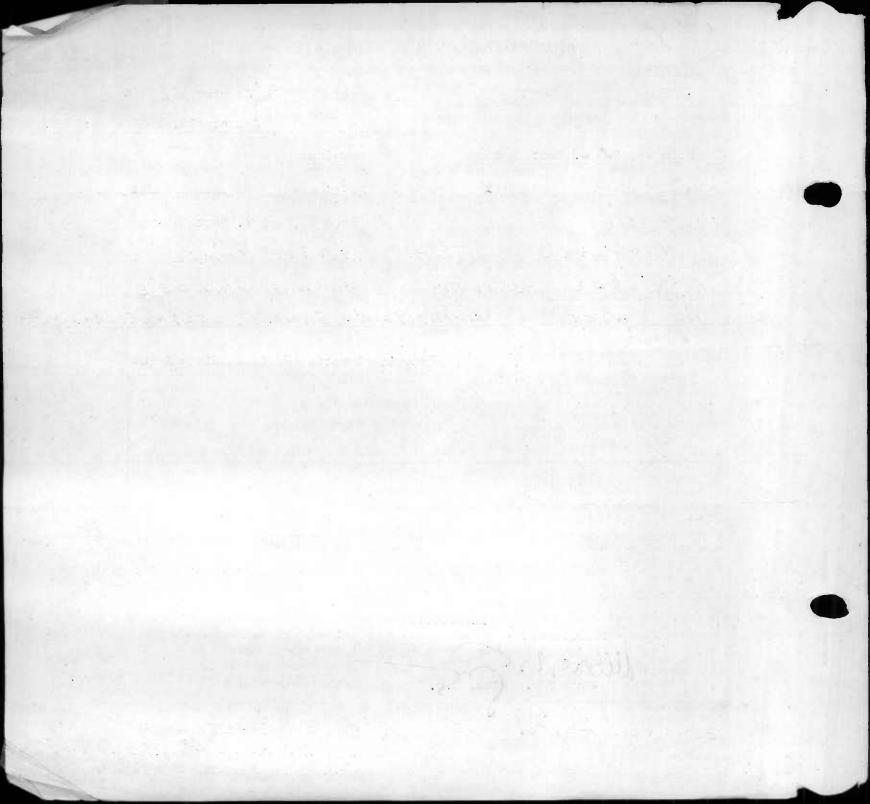
7-660 68 1001 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68 1001
I. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print)	OF .
IRVIN FUHRER 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted X January 16, 1968 Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD January 22, 1968 6:40 P. M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
Room #9, 201 E. North Avenue	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male white WIDOWED DIVORCED	Baltimore YES XX NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months Doys Hours Min.	E. STREET AND NUMBER
Nov. 6, 1911 56	Room #9, 201 E. North Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
MARYLAND WHATCOUNTRY?	hours thehave
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	Amair= Maldain
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no ocunknown) (If yes, give wor or dotes of service) SECURITY NO. 212-18-359	WM. E. Huhren 2429 Mc Elderny St.
19. CAUSE OF DEA	
7/ MI I	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	osclerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIATE	osclerotic Cardiovascular Disease
heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
D 4221 11	
THER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	75
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
UTING LI CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INTURY	WHILE
	ORK L
	topsy and that on this bosis, deoth in my opinion
resulted from: Natural causes A Accident Suicid	
ACTUAL MALA O INC.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M.Q.	ASSOCIATE MEDICAL EXAMINER 1/23/68
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
	CREMATORY LOCATION (C.
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
CREMATION 1-24-68 Loudo	or CREMATORY 24D. LOCATION (City, town, or county) (State) 1. Park BALTINORE, Md
(254. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) PARK BALTINOSEE MA 25C. FUNERAL DIRECTOR ADDRESS (140 - 45
CREMATION 1-24-68 Loudo.	n PARK BALTIMORE, Md



1	1-52	5 68	100	BALTIMORE CITY	TE OF DEATH	REG. NO.	68	1002	
BIR	TH NO.	00	100	CERTIFICA	TE OF DEATH	N			
	pe or Print)	Johnson	C	landia	2. DATE	23 68		9:40	A
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (W		stitution: res	sidence before	odmission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INST	TUTION, GIVE STREET	Maryland	Harford	6	1200	
IIN.	STITUTION	ADDRESS OR LOCA	A IIONI		C. CITY OR TOWN		DE CITY LIN		1
)				Fallston E. STREET AND NUMBER		YES	NO X	
1		ohns Hopkin			Rt 2, Box		s Roa	ıd	
5.	SEX	6. RACE	7. MARRIET	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under Months: [1 Yr. If Und Doys Hours	der 24 Hrs. Min.
7.1	emale	Negroid	WIDOWEI		11/16/97	70			1
		working life, even if retired)	TIOB. KIND	DE BOSINESS OK INDUSTRE	11. BIRTHPLACE (State or fo	reign country)	12. CHIZE	EN OF WHAT	COUNTRY?
	Housev		H	ome	Baltimore C	ounty, Md.	U	J.S.A.	
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME			
	Charles	Jones			Mary Wise				
15. (Ye	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Hess	Road	ADDRESS	
	No	*		12-32-4454	J. Howard H	ohnson Fa	llsto	n. Mai	rvland
	18.	91		CAUSE OF DEAT	H	. 210	/17	APPROXIMATE	INTERVAL
	DISEAS	E OR CONDITION DE	RECTLY	Preu m	onia - asy	pination		11 1	
	(This does s	LEADING TO DEATH of mean the mode of	dvina e a	(A) IMMEDIATE CA	USE			7 0	93
	heart failure,	asthenio, etc. It meons	the disease		A CONSEQUENCE OF:				
		aplication which coused ANTECEDENT CAUSES		D - 14.	و لول ا	1 . 1. 4.		8 min	the
		OR CONDITIONS, if		(-,	mutastatio u	terine turn		0 1	
	rise to the	obove couse (A)		9					
	UNDERLYING	G CONDITION last.		(C)					
z	174X	IL I	NITDIDILITING						
ATION	TO THE DEAT	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL						
		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS	CONSIDERED	
ERTIFIC	2	WAS PER			Xes	No.	Data OF D	EAIH:	
0		NT WAS UNDERLYING			in or about 7 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give	exact location)	
SAL CAL	DEATH (notify	me dical examiner)	et	c.)					
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)		E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?			7-10
<	(APPROX.)			thile At Whi		-			
	22. I certify that (1) (this haspital) attended the deceased fram Jan 22 19 68 to Jan 23 19 68,						968		
	thot ((we)	lost saw the decease	ed alive on	Jan. 23	19 68 ond	that in my (aur) opi	nion death	n occurred o	n the date
	ond haur one	from the couses sto	ted obove.	() (We) did (did not)	view the body ofter deoth	1.			
	SIGNATU	RE O					23B. DATE	SIGNED	IM CO
	1.	Trater	,	M. D. DEGREE Ath	ending Med. Director	Staff Phys.	09	n.23,	1968
	23C. PHI SICIA	ype)	1		23D. ADDRESS	11 .	41		11
	Joh.	1) (;	ra be	DEGREE	Johns	Hookins	+	-ospi	tal
24/	A. BURIAL CRE	MATION, 24B DATE		NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Ci	ity, town, or	county)	(Stote)
25.4	Buria	- 10-1	1968	West Libert	y M. E. I	Fallston, H	arfor	rd, Ma	ryland
1123	IAMOS		LOZ	0.41			cre++	orri 1 1 -	Ma
VS	JAN 2	1968 (2.2	17 E V	TANKEN MA	onaries E.	Kurtz Jai	Terr	SATITE	PIO -

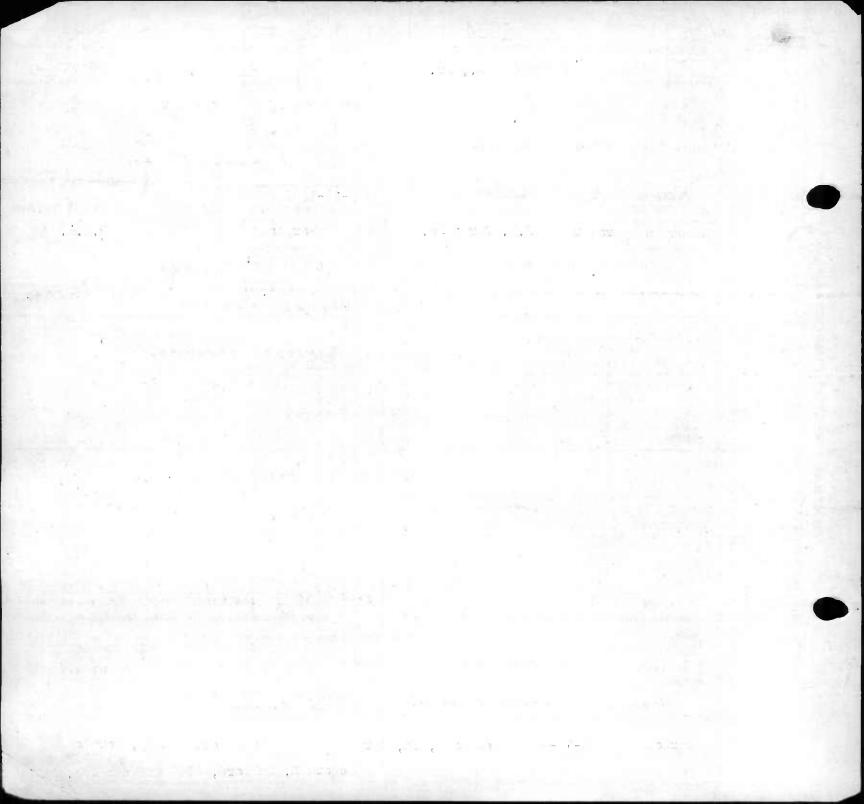
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approved by the chief medical examiner or his assistant it death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	טיים	Ou	-	-	
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This certificate must be	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
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F	- don	W	5	0	>	Ш

7	7-5/2		HEALTH DEPARTMENT	REG. NO. 08	4600		
BIR	TH NO. 68 11	003 CERTIFICA	TE OF DEATH	REG. NO.	1003		
1. N	DEMPSEY, SA		2. DAJE 2	3 68	1:20A		
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When A. STATE B. COUN MARY LAND	e deceosed lived. If institution:	residence before odmission		
HO	STITUTION ST AGNES HOSE		C. CITY OR TOWN BALTO 2122	9 VES	LIMITS?		
7	31 AGNES HOSE	TIAL	4905 STAFF	ORD ST.			
5. S	MAK	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 01 14 88	9. AGE (In years of University of the University	der 1 Yr. If Under 24 Hrs s Doys Hours Min,		
don	. USUAL OCCUPATION (Give kind of work) 108, KIN e during most of working life, even if refired) Housewife	D OF BUSINESS OR INDUSTRY	BALTO MD	gn country) 12. CI	U.S.A.		
	FATHER'S NAME AUGUST FEUERHERD		14. MOTHER'S MAIDEN NAME BARBARA MA				
	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv		17. INFORMATON BA	_	ADDRESS WILKENS S		
SATION	DISEASES OR CONDITIONS, if ony, g ise to the obove couse (A) stoling UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A).	(C)	A CONSEQUENCE OF:				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	NO	1) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	F DEATH?		
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, loctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore City, g	give exact facation)		
	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		URY OCCUR?			
	22. I certify that XI) (this haspital) attended the deceased fram 0.1.20 19.68 to 0.1.23 19.68 , that XI) (we) last sow the deceased alive an 0.1.23 19.68 and that in (XX (aur) apinian death accurred an the date and haur and fram the causes stated above XI) (We) (dix XXXXXX) view the body after death.						
	23A. SIGNATURE Romualdo R. Dafor	neg- Atte	ending Med. Director		ATE SIGNED 1. 23 1968		
	Romual do L. Dafor	, U. D.	St. agues Hos	spital Ballon	For Card.		
244	REMOVAL (Specify) 24B, DATE 2	C. NAME of CEMETERY of CRI			, or county) (Stote)		
	urial 1-26-1968	Loudon Park Ceme	etery Ba	ltimore, Maryla	nd ADDRESS		
	JAN 25 1968 R.C. B.	E. Falkyna		bard, 4107 Wilk	3		
VS	1SO-REV. 1/1/6B						

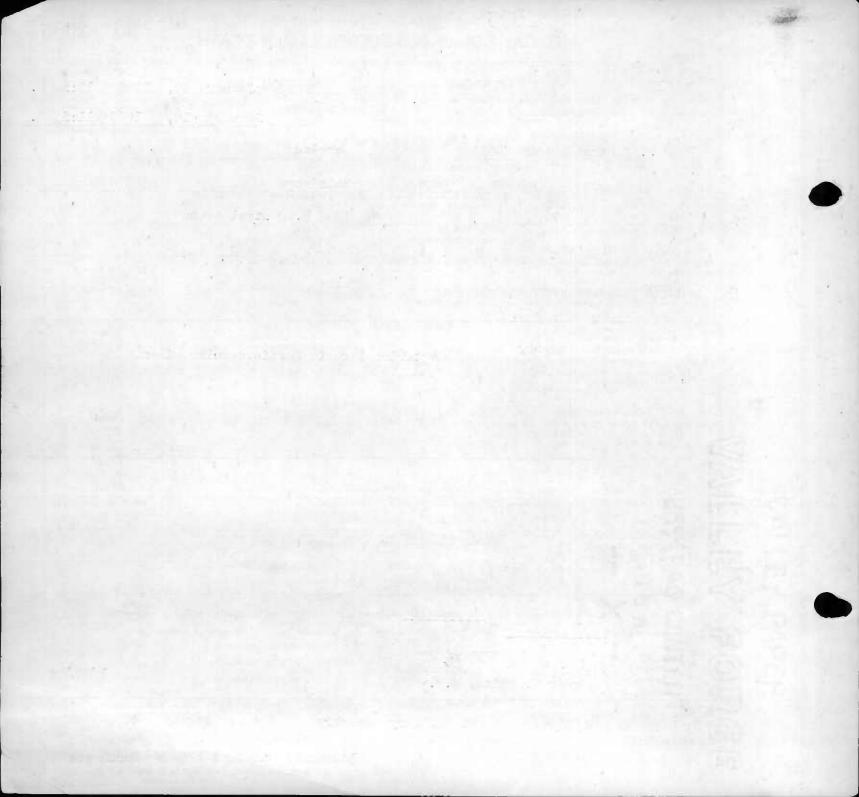
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	M-532 BALTIN	AORE CITY H	EALTH DEPARTMENT		LO LINGA		
	68 1004 CER1	TIFICAT	E OF DEATH	REG. NO	00 1004		
	NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH			
	HAROLD MENTLEL B. Sr.		4	(N. 22 . 19	68 9:45 A I		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		A, STATE B, COUN	re deceased lived. If in	stitution: residence before admission		
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S	STREET	MARYLAND	Baltimor	:e		
	HOSPITAL OR ADDRESS OR LOCATION)		CITY OR TOWN		IDE CITY LIMITS?		
4	CHUIZCH HOME & HOSPITAL		BALTIMORE STREET AND NUMBER		YES NO NO		
7	JUHUIZCH HUNC : HOSPITHL		915 St. C	HADLES	AUE 53-00		
0	5. SEX 6. RACE 7. MARRIED V NEVER MA	PRIED B.	DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs		
200		ORCED	9-24-1906	tost birthday	Months Doys Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR			ign country)	12. CITIZEN OF WHAT COUNTR		
isposition	done during most of working life, even if refired) Linotype Operator J.H. Furst Co.		Maryland		U.S.A.		
L SC	13. FATHER'S NAME	14	MOTHER'S MAIDEN NA	ME			
Sp	GRANT E. MENTZEL		NETTIE	. WILLIAMS			
ס ו	S. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown (If yes, give war or dates of service) SECURITY		E.		ADDRESS		
- Lug		13430	VIVIAN	UENTZEL	915 St. CHARL		
0 .		OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
0	DISEASE OR CONDITION DIRECTLY						
E	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMM (Discourse of the content of the conte	EDIATE CAUSE	PULMONARY	EMPHYSER	UA		
E Dal	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE PULMONARY EMPHYSEMA DUE TO, OR AS A CONSEQUENCE OF:						
E	ANTECEDENT CAUSES						
9		TO, OR AS A	CONSEQUENCE OF:				
are	rise to the obove cause (A) stating the UNDERLYING CONDITION lost.						
=	10/2000						
E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	CA 'I'E WELLE	Exima				
the remains	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		STIVE HEART				
÷ P	198. CONDITION FOR WHICH OPERA WAS PERFORMED	TION	20A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
e l	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	IIIRY (e.g., in	or obout 21 C. WHERE DID	(If in Baltimar	re City, give exact location		
before	OR CONTRIBUTING CAUSE OF home, form, foctor	y, street, offic	e bldg., INJURY OCCUR?	(1) (1) 00 (1) (1)	e chy, give exect technoli,		
	D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC	URRED	21 F. HOW DID INJ	IURY OCCUR?			
ained	₩ OF INJURY While At	Not While					
ota ota	Work 🗀	At Work	AN. N	19 68 to VA	1N. 22 19 68		
0	22. 1 certify that (1) (this haspital) attended the deceased that (1) (we) lost sow the deceased alive on VAD.				inion deoth occurred on the do		
pe	,			ior in (my) (our) opi	mion deorn occurred on the do		
must	ond hour and from the couses stated above. (1) (We) (did) ((ala not) vie	w the body offer deoffi.		23 B. DATE SIGNED		
Ε	Corazon Z. Ougary MD	Attend	ing Med.	Shaff Dhus	1-22.68		
approvat	23C. PHYSICIAN'S	DEGREE Phys.	D. ADDRESS	Filys. —			
0 0	CORAZON Z. VERGARA M. I	D.	CHURCH 2001	DUE & HOST	PAIN 110 013		
dr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	DEGREE		OCATION (C	BACT. MD. 2173/		
en	REMOVAL (Specify)		J	1.1			
+ -	Burial 1-26-68 Woodlawn, 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	Cemeter	Y BE	altimore Cou	nty, Maryland		
×	JAN 25 1968 R. P. A. E. Falsuna			-	Wilkens Ave. 21229		
				,,	11/01/01/01/01/01/01/01/01/01/01/01/01/0		



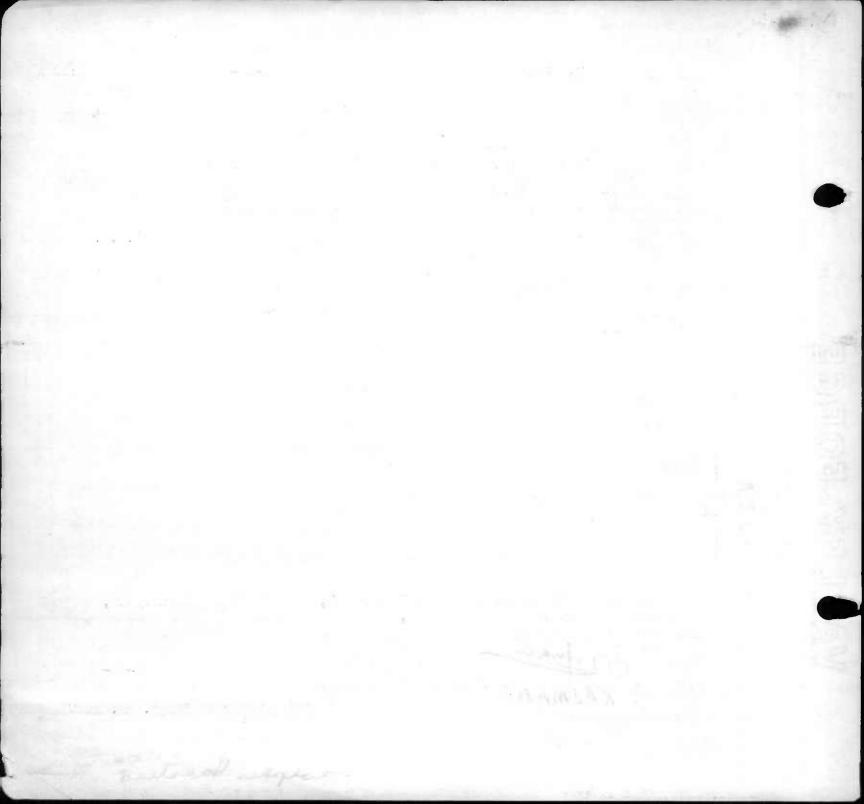
1005 BALTIMORE CITY HEALTH DEPARTMENT

			00	lu	15	BALTIMORE CITY HI	EALTH DEPAR	RTMENT			68	1005
			MED	ICAL	. EX	AMINER'S	CERTIFIC	CATE O	F DEATH	REG. NO		TOOO
BIRT	H NO.									KEG. IV	,	
1. N	AME OF DEC	EASED					2. DATE	Knawn 🔀	Month	Doy	Yeor	Hour
(lype	GOLD'IE				GAR	RIS	OF DEATH	Estimated [January	7 19.	1968	11:59 PM
		IMORE, MA	ARYLAND, V	VHERE P	RONO	UNCED DEAD	3. DATE		Month	Day	Yeor	Hour
FULL	NAME OF	(IF NO		LORINS		N, GIVE STREET		INCED DEAD	January	19,	1968	11:59 P _M
	NSIII OII OIN						A. STATE	SIDENCE (Whe		. COUNTY		before admission)
	1040 N.	Centr	al Ave	nue	(DOA)	Mar	yland			10	Caller 1
6. SE	X	7. RACE		B. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	
Ma	1.0	Negr	• •	WIDOV	per	, , , , , , , , , , , , , , , , , , , ,	Ra I	timore			YES X	NO 🗆
	ATE OF BIRTH		10. AGE (In last birthda	n yeors y)	If Und	der 1 Yr. If Under 24 Hrs s Days Haurs Min.	E. STREET A	ND NUMBER	tral Asr		123 (24	МОШ
11 B	RTHPLACE (S	tata ar farai			12 CI	TIZEN OF	13. FATHER		ICIAL AV	cuide		
N	orfork	Vir	ginia		W	HAT COUNTRY?	Unkn	own				
14A.L	SUAL OCCU	ATION (Giv	e kind af wark	14B. KINI	OF B	USINESS OR INDUSTR	Y 15. MOTHE	S'S MAIDEN N	AME			
a ane	during mast of w	orking life, ev	en if refired)				Celi					
16 V	Laboer	D EVER IN	IIS ARMEI	FORCE	S2 T	17. SOCIAL	18. INFORM				ADDRESS	
(Yes,	na or unknawn)	(If yes, give	war ar dates	af service	e)	SECURITY NO.	is. Har Oki	TAI VI			ADDRESS	
												PPROXIMATE INTERVAL
	(This does no heart failure,	EADING TO at mean the asthenia, etc	DITION DIRE O DEATH made of dy c. It means the	ing, e.g., e disease,		(A)IMMEDIATE	osclerot	ic Cardi	iovascul	ar Dis		veen onset and death
CERTIFICATION	DISEASES OF THE UNDERLYIN	ABOVE CA	ONS, IF ANY	TING THE		(B)	AS A CONSEC	QUENCE OF:				
5	TO THE DEA	TH BUT NO	TRELATED TO	THE TERM	AINAL							
E 2						VHICH OPERATION V	VAS DEDECIDA	ED			21 ALITO	PSY? (Yes or No)
8	DAIL OF	OFERATIO	200. CO	ADIIIOIA	FOR V	THICH OF EKAHOLY	AS FERFORM	LED				No
)											NO
일	ZA. EXTERI JNDERLYING JTING [] CA		ITRIB-		228. Pl hame,	ACE OF INJURY (e.g. farm, factory, street, affi	, in ar abaut 2 ice bldg., etc.) II	2C. WHERE DIE NJURY OCCUR?	(If in Boltimare	City, give e	exact lacation)	
$\sum_{i=1}^{n} 2i$		Month) (I	Day) (Yea	r) (Hau	r) 22	E.INJURY OCCURRED	2	2F. HOW DID I	NJURY OCCU	R?		
	APPROX.)				WI	HILE AT NO	T WHILE					
12					m. W	ORK L. AT	WORK					
1								1.1	.1 . 1	1 1		
		ify that I h		nquiry	_	Inspection X A	utopsy 🔲		this basis,	deoth in m	y opinion	
	result	ed from: N	Notural cau	ses X	_ As	cident Suici	de Ho	micide	Undetermin	ed monne		
				3				CHIEF MEDICAL	LEXAMINER			
	ACTUAL	/101	10 .		-/	0-1	ASSI	STANT MEDICA	LEXAMINER	X		DATE SIGNED
	SIGNATU EXAMINI NAME (T	ER'S	Werner	U. S	pit	M.D.	U.	CIATE MEDICA				1/20/68
24A.	BURIAL CREA		248. DATE		24	. NAME of CEMETER	or CREMATO	ORY 241	D. LOCATION	(City, to	wn, or caunty) (State)
REM	oval (Specif Burial		1/24/6	8		Mt Calvary				ounty	Md	
25A.	DATE REC'D	BY HEALTH	DEPT.	258. N	VAME (OF REGISTRAR		UNERAL DIREC		1206 1	ADDRESS	



- The state of	(D)
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	I (except where the physician who pronounced death was in regular attendance on the (1); and (6) No physician was in regular attendance on the deceased prior to death. Such (7) to obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
ody s: (1)	D.O.
his c	ece rritt
F + 3	\$ 0

			68	100	BALTIMORE CIT	Y HEALTH DI	EPARTMENT		0.0	1.320
1	TH NO.		00	100	CERTIFICA	TE OF	DEATH	Registered Na.	- 68	1006
1. N	AME OF DECEA	SED					2. DATE AN	NO HOUR OF DEATH		
	PLACE OF DEAT	Majo H IN BALTIM	or. Mol	LAND		4. USUAL I	RESIDENCE (Whe	-19 <u>-68</u> re deceased lived. If i	nstitution: resid	6:10 A M
H	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in oddress	n hospital ar or location)	institution,	give street	Mary]	and TOWN (If ou	tside city limits, write	CHECK and a	ive (pwnahip)
	29	1514	Divisi	ion Str		Balti D. STREET	ADDRESS (If	rurol, give location)	7	
	J_/				nd 21217		Division			
	'emale	Negro		Marri		B. DATE OF		9. AGE (In years lost birthdoy) 55	Months Do	Yr. If Under 24 Hrs. Hours Min.
	USUAL OCCUP e during most of wo HOUSEW	rking lite, even		OB. KIND OI	F BUŚINESS OR INDUSTR			ign country)		COUNTRY?
13.	FATHER'S NAME					Virgi	RS MAIDEN NA	ME	U.S.	A
					?					?
Yes	Wos Deceased E s, no or unknown) (ver in U.S. If yes, give v	Armed Force vor or dotes	of service)	SECURITY NO.	17. INFORM			A	DDRESS
_	18. //				CAUSE	Horac	e Major-I	lusband		TERVAL BETWEEN
ATION	(This does not heart failure, a injury or campi At DISEASES OR rise to the UNDERLYING TO THE DESEASE OR CONTROL TO THE DISEASE OR CONTROL TO THE DI	sthenia, etc. ficolian whice STECEDENT CONDITION CONDITION II CANT CONE ATH BUT 1	II means II h coused of CAUSES ONS, if ouse (A) I last. ONTIONS CONTRIBUTIONS CONTRIBUTIONS	he disease, death.) ny, giving stating the DNTRIBUTIN ED TO TH	(B)	4 m ar transis articals (1 a de 4 m de 2 m a 4 de 4 de		mb.	,	
RTIFIC,	19A. DATE OF C		19B. COND		WHICH OPERATION	20A. AU1	TOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DE	ONSIDERED
	21 A. ACCIDENT OR CONTRIBUTI DEATH (notify n	NG CAUS	E OF	218 hon etc.	R. PLACE OF INJURY (e.g., ne, form, foctory, street, (office bldg., IN.	C. WHERE DID JURY OCCUR?	(If in Boltimo	re City, give e	exact location)
No										
	22. I certify that (I) (we) I	not (I) (this	hospital)	attended t	he deceosed from Jar January 19,	uary 17	\$ and th	1968 to Ja	nuary 1	19.68
	l .				l) (We) (did) (did not)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	23A. SIGNATUR		Ina		-> (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (, (27 01101 0001111		23 B. DATE	SIGNED
		CIL	7		M.D. At	ending	Med. Director	Stoff Phy s.	1-19	9-68
	23C. PHYSICIAN NAME (Typ	S RA	JMA	NE	M. D.	23D. ADDRES	S	Street Ba		21217
24A	BURIAL CREM	ATION, 24B.	DATE	24C. N	AME of CEMETERY of CE	EMATORY			City, town, or c	county) (State)
E	BURIAL		/25/68	3 Mt	Calvary Ce	emetry	A	A County	Md	
-	DATE RECID	Y HEALTH D			OF REGISTRAR	2SC. FUI	NERAL DIRECTOR	11	1206	ADDRESS NORTH
VS	150-REV. 1/1/65									130: 11



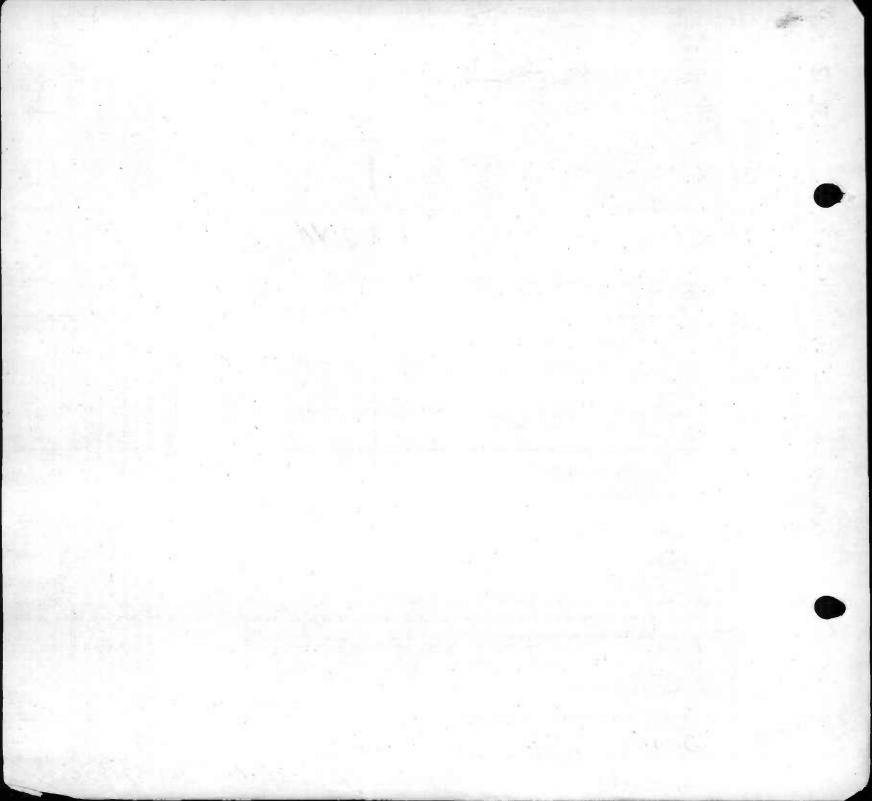
1007 BALTIMORE CITY HE

68

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	68	1007
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BIRTH NO.	TE OF DEATH
1, NAME OF DECEASED .	2. DATE AND HOUR OF DEATH
(Type or Print) 1/10m. Eduard (Ed) x, 1-24-68 1/2 AM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland
INSTITUTION	D. INSIDE CITY LIMITS?
13	E. STREET AND NUMBER
1.1. H. D. H. T.	
JOHNS MOPKINS MISPIAL	1022 N. Wasting lon. St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years tast birthday) 9. AGE (In years Manths Doys Hours Min.
MAKE COLURA WIDOWED DIVORCED	11-18-95 73
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Rotings Steel Worker	VA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
N (11	N.
DOC SILIAM	NAMNIZ NAMNIZ
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 16. SECURITY NO.	17. INFORMANT
No la serie de la constante de	Recorder Maky Telliam
18. 4 2 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE CAL	USE (andrew arrest / Slow
(This does not mean the made of dying, e.g., DUETO, OR AS	A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES	45CVD 10 glass.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	V
UNDERLYING CONDITION lost, (C)	
Z 445 X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART I (A). 19 A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	in or about 21 C. WHERE DID (II In Baltimare City, give exact location)
OR CONTRIBUTING CAUSE OF hame, foctory, street, a	Ifice bidg., INJURY OCCUR?
	215 110111 212 1111124 2 0 0 1122
OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.)	
22. 1 certify that (1) (this hospital) attended the deceased from	19
that (I) (we) last saw the deceased olive on	19and that in(my) (our) apinion death accurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.
23A. SIGNATURE	238, DATE SIGNED
	ending Med. Staff 1/2 4/4 8
23C. PHYSICIAN'S	23 D. ADDRESS
NAME (Type) DUDLEY D. GOULDEN	THE JOHNS HOPKINS HOSPITAL
DEGREE	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Isternesal Jan 2768 Le Huly Film	LIXIXIBLE MIX
25A. D'ATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 25 1968 P. Centre E. StanberMA	Wall 1. Elichery 11.2971 Carterist
VS 150-REV. 1/1/6B	



68 1008 BALTIMORE CITY HEALTH DEPARTMENT 68 10	00
BIRTH NO. CERTIFICATE OF DEATH Registered No.	U8
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	00
(Type or Print) Brevard, \$200	P W
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before	re admission)
As I	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) GOTTY OF TOWN (If auticle site limits units PLIPA)	
INSTITUTION (If outside city limits, write RURAL and give towns)	
D. STREET ADDRESS (If rurgh give locotion)	
Market 1 200 - 101 Market 161 - 20 11 11 1- 1	
1-710, 111 119101 14	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIWORCED (specify) 8. DATE OF BIRTH Ost binday 9. AGE (If yeors lost binday) Months: Doys Hour	Jnder 24 Hrs.
77 10 1923/16	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. (URTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. (URTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. (URTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. (URTHPLACE (Stote or foreign country) 14. (URTHPLACE (Stote or foreign country) 14. (URTHPLACE (Stote or foreign country) 15. (URTHPLACE (Stote or foreign country) 16. (URTHPLACE (Stote or foreign country) 17. (URTHPLACE (Stote or foreign	42
Maria MERCHOW (2, S.C.	4
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
JOER BREWARD POLLE GAITHER	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
[Yes, o or unknown] (If yes, give wor or dotes of service) SECURITY NO.	- h-
NO 251-16-2804 JAMITS BREVERD 4712-LUANK	di Ha
18. 4 2 INTERVAL B	
DISEASE OR CONDITION DIRECTLY	DEATH
	urs
(This daes not meon the mode of dying, e.g., heart foilure, osthenio, etc. (I means the disease,	
injury ar complication which caused death.)	
ANTECEDENT CAUSES (B) LIENT CELEBRAY LEMONTHERS	
DISEASES OR CONDITIONS, if ony, giving	
rise to the above couse (A) stoting the (C) UNDERLYING CONDITION lost.	
W. M. W.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
≥ TO THE DEATH BUT NOT RELATED TO THE	
	D
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPH? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?	
U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21BC. WHERE DID (II in Boltimore City, give exoct local	lion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
O .	7
S OF INJURY	
(APPROX.)	
22. I certify that (1) (this hospital) attended the deceased from 123 188 to 123	19/8
that in (we) lost saw the deceosed olive on	an the dote
ond hour and fram the couses stated abave (1) (We) (Fig.) (dld not) view the body after death.	
23A. SIGNATURE	
M.D. Attending Med. Stoff // 2 /	968
Phys. Director Phys.	700
NAME (Type) 23D. ADDRESS	,
DR. HARRY F. HOLCOMB, JR. M.D. THE UNION MEMORIAL THOSPY STALL TET	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town or county)	(Stote)
Romand MEDINON CHURCH MECHENSBURGE.	N.C
DEA DATE BECO BY HEALTH DEST DESCRIPTION D	e
marked & Styno 638 n 912 m	12 mg

Marion Promovial Harpet Tot good to de long ton Ava Marston as a Main Gran Contr. NERLHEW CO. S. C. C 5 4 POILS GALTHER Son Barrers ast prosent from to be owned as it as well for CNA Subaradiand Hammer + 15 Indianalus hamiles LIN A the new of tennet and the operate Af Ofer the the throw of the world and the is a card to stop of the para south of

H.000

68- 1009 BALTIMORE CI	ITY HEALTH DEPARTMENT
	C'S CERTIFICATE OF DEATH REG. NO. 68- 1009
BIRTH NO.	S CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) HENRY C. HOUIE	OF DEATH Estimoted 1 22 68 8:30 a.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD January 22, 1968 8:30 a M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
	A. STATE B. COUNTY
South Balto. General Hospital 6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland D. INSIDE CITY LIMITS?
MARKIED IVEVER MARKI	
Male Colored WIDOWED DIVORCE	Bullot Holl
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 2 Nonths, Doys, Hours	24 Hrs. E. STREET AND NUMBER
7-27-1917 50	135 W. Lee St.
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Fayetteville, N. C. U.S.A.	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INI done during most of working life, even if retired)	DUSTRY 15. MOTHER'S MAIDEN NAME
Laborer	Unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) lift yes, give wor or dates of service) SECURITY N	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY N	Daisy Jackson 731 W. Barre St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, Injury or complication which caused death.)	EDIATE CAUSE Subdural hemorrhage TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	a fall TO, OR AS A CONSEQUENCE OF: pilepsy, the etiology of which is not certain
OF COLUMN (C)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATI	ION WAS PERFORMED 21. AUTOPSY? (Yes or No)
0 2	YES
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.JNJURY OCCUMENTAL WHILE AT 23. 23. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Home 22E.JNJURY OCCUMENTAL WHILE AT 24. WHILE AT 24. 23.	RY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) eet, office bldg., etc.) INJURY OCCUR? 135 W. Lee St.
I certify that I held an Inquiry Inspection resulted train: Natural causes Accident	Autopsy X and that on this basis, death in my apinion Suicide Homicide Undetermined manner X CHIEF MEDICAL EXAMINER DATE SIGNED

ASSISTANT MEDICAL EXAMINER EXAMINER'S ASSOCIATE MEDICAL EXAMINER

April 26, 1968 (City, town, or county) (S Edward F. Wilson, M.D.

| 24B. DATE | 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION Baltimore, Maryland Balto. National

1-26-68 Burial JAN 25 1968

25C. FUNERAL DIRECTOR ADDRESS

Marshall P. Hayes 638 N. Gilmor St.

NAME (Type)

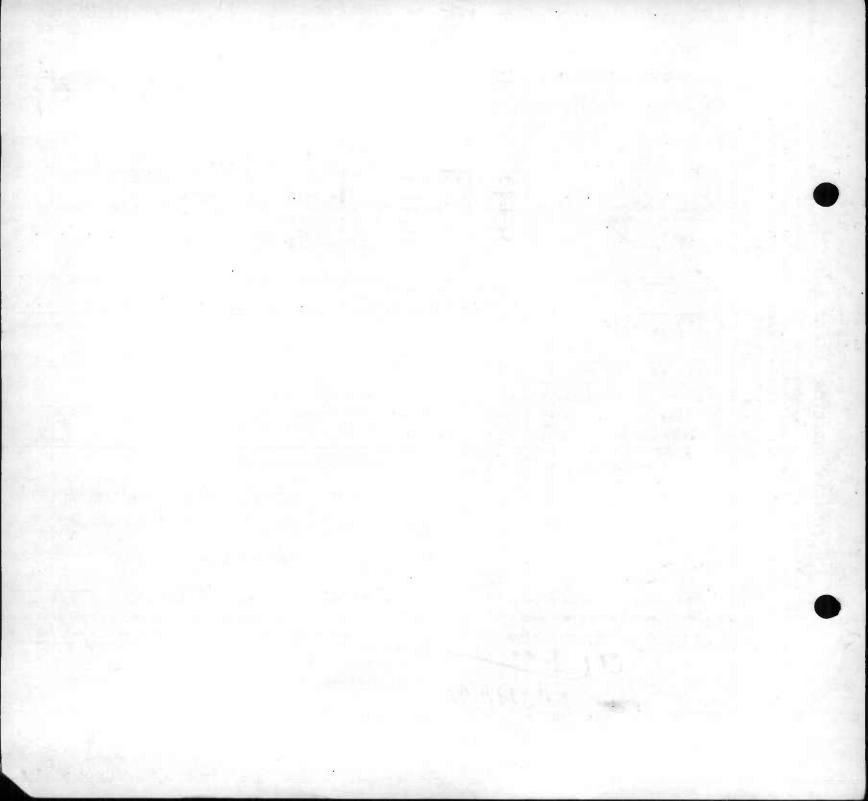
24A. BURIAL CREMATION, REMOVAL (Specify)

3 = -: Halle, Blis. Seller 12, 21 0 2 10 6 m=_ (212 or the control of the A PROPERTY AND SECTION AND SECTION AND SECTION ASSESSMENT AND SECTION ASSESSMENT ASSESSM

FUNERAL DIRECTOR: IMPORTANT

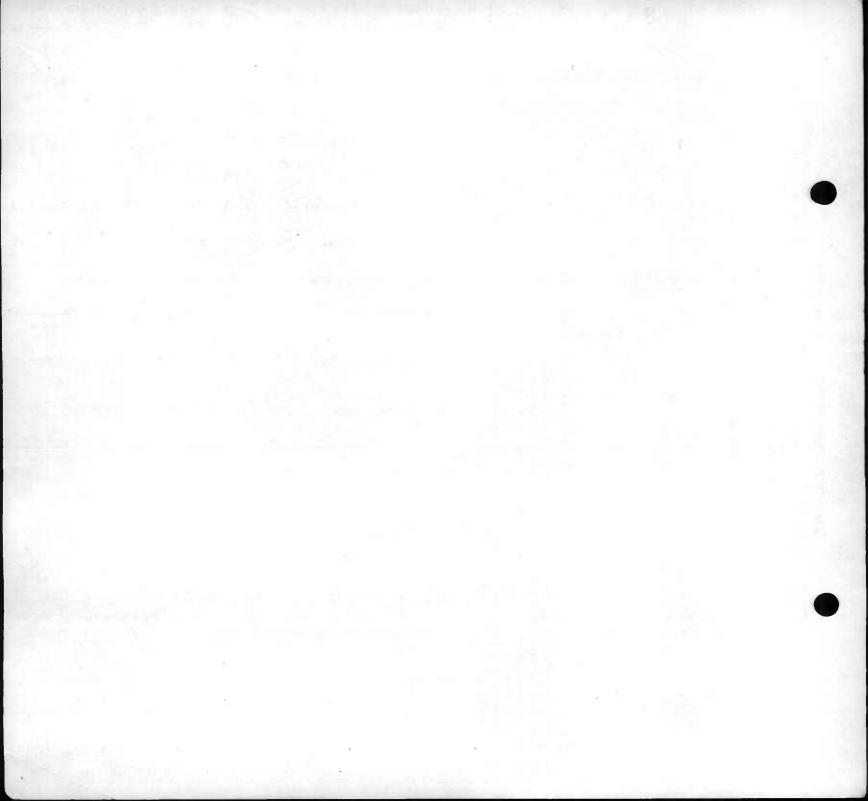
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

+	1638 1010	BALTIMORE CITY	HEALTH DEPARTMENT	6	8 1010
	00 1010	CERTIFICA	TE OF DEATH	REG. NO.	1070
	TH NO. AME OF DECEASED			AND HOUR OF DEAT	u
	pe or Print)				
3. 1	PLACE IN BALTIMORE MARYLAND, WHERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (V	There deceased lived. If	1968 6:32 a. M. institution; residence before admission)
			A. STATE B. CO	UNTY	15-101
FU	LL NAME OF (IF NOT IN HOSPITAL OR INS SPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET		aryland	Total Control
IN S	Provident Hospita		C. CITY OR TOWN	altimore	VES X NO
	1514 Division Str		E. STREET AND NUMBER		YES EN NO
10	Baltimore, Maryla			509 Carey 5	treet
S. S			B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	Female Negro widowi		7 70 10	lost birthdoy	Months Doys Hours Min.
LOA	USUAL OCCUPATION (Give kind of wark 10B. KIND		3-12-12 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)			, , , , , , , , , , , , , , , , , , ,	
	Housewife		Maryla	nd	U. S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Thomas GREEN		MARY	BROWN	
15. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	215-18-5602	17. INFORMANT STANLEY H	lapais -	SAME - HUSBAND
	18. (/ ") ") () [CAUSE OF DEATH	JANACY 17	77775	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ANNAMEDIATE CAN	congel	rive he	art
	(This does not mean the mode of dying, e.		CONSEQUENCE OF:		
1	heart foilure, asthenio, etc. It means the disease injury or complication which coused death.)	se,	failur	D	
	ANTECEDENT CAUSES	(4)	Foll out		
	DISEASES OR CONDITIONS, if any, givi	ng DUE TO, OR AS	A CONSEQUENCE OF:		
	rise Ia lhe above cause (A) stating t UNDERLYING CONDITION last.	and the second s			
		(C)			
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINA		***************************************		
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC	WAS PERFORMED		No	IN CERTIFYING	CAUSES OF DEATH?
2		18. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		nore City, give exoct lacotian)
AL	DEATH (notify medical examiner)	nome, form, foctory, street, of etc.)	ice biag., INJURY OCCUR		
DIC	21D. TIME (Month) (Doy) (Year) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
MEDI	OF INJURY	While At Not While			
		Work L At Work			-1 60
	22. I certify that (I) (this haspital) attended	The deceased from	-19-68	19ta	21-00
	that (I) (we) last saw the deceased alive a	1-21-68	19and	that in (my) (aur) o	pinian death accurred an the date
	and haur and fram the causes stated above.	(I) (We) (did) (did nat) v	iew the bady after deat	h.	
	23A. SIGNATURE				23 B. DATE SIGNED
1	a Color	Phys	nding Med. Director	Staff Phys.	1-22-68
	23 C. PHYSICIAN'S	DEGREE	3D. ADDRESS	,	
	NAME (Type)	HIL	1514 Di	vision Stre	et.
24A	BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE			(City, town, or county) (State)
	REMOVAL (Specify)	$\overline{}$	1	1	Rel
0.5	BURIA 1/25/68	BALTO. NAT!		BALTO.	179.
25A	. DATE REC'D BY HEALTH DEPT. 2SB. NAM	E OF REGISTRAR	25C. FUNERAL DIRECT	1/	ADDRESS (1)
	JAN 2 5 1968 Of Keel	C' donner.	KEBUN FUNER	PAI NUME 1-	18 CAlhour JY
VS	150-REV. 1/1/6B	Spanish U. S.		1	



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of death Deceased Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) u o Hall, Harrison January 20, 1968 a hospital 7:30 4. USUAL RESIDENCE (Where deceosed fived, If institution: residence
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD before odmission) attendance deat (2) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR INSTITUTION Maryland D. INSIDE CITY LIMITS (4) Undetermined cause; Provident Hospital Baltimore YES K NO prior contributing E. STREET AND NUMBER 1514 Division Street Baltimore, Maryland 2313 Pennsylvania Avenue regular 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED Months Doys lost birthdoy WIDOWED DIVORCED 11-4-87 Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) U. S. A. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance Elizabeth Thompson 220051145 1627 Calhoun CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) em gu ANTECEDENT CAUSES who (B)_______DUE TO, OR AS A CONSEQUENCE 9 are DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoting the UNDERLYING CONDITION lost. before the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED any nature; (2) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) to the hospital °Z MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 9 Not While While At F (APPROX.) At Work January 19, January 22. I certify that (1) (this haspital) attended the deceased fram January 20, that (1) (we) last saw the deceased alive an. and that in (my) (aur) aplnian death accurred an the date hospital eath) and haur and from the chuses stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED ō Attending | 1-20-68 0 0 23C. PHYSICIAN'S 23D. ADDRESS prior approv ţ NAME (Type) 1514 Division Street SAEED 24A. BURIAL CREMATION, 24B. DATE deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) the body 0.0 Buriad 1-24-68 Mt. Calvery
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR Cem Baltimore, Was Kelson Funeral Home 1348 Calhoun St. VS 150-REV. 1/1/6B



Baltimore,

Kelson Funeral Home 1348 Calhoun St.

2SC. FUNERAL DIRECTOR

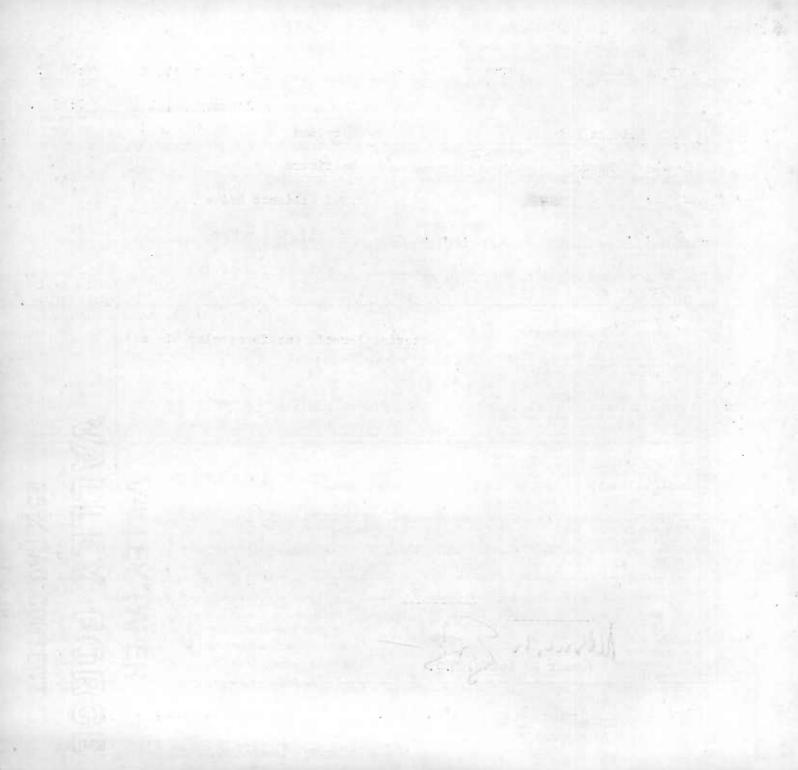
VS 1S1-REV. 1/1/68

REMOVAL (Specify)
Burial

1-26-68

Nat 1

25B. NAME OF REGISTRAR



D-655

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						3. DATE		Manth	Doy	_		Haur	
							ESIDENCE (WH		ry 16,		ence bef	9:00 A. _{M.}	
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	NAME (1		erner l	. Sp	MZ,	M.D.	ASSI	OCIATE MEDICA	AL EXAMINE				
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25/	A. DATE REC'D		DEPT.	258. N		REGISTRAR	25C.	FUNERAL DIRE	CTOR	1010	ADDRES	31	Nh
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VS 151-REV. 1/1/68

12/15/44

Baltimore Md.

John L Drummond

7 1/2- 10 M Colon of Colon

	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurr	y the chief medical examiner o	r his assistant if death occur	יבי
the body was released to the hospital by a medical examiner. Also, it the direct or contribu	ital by a medical examiner. A	Also, if the direct or confrib	ă
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine	e; (2) Body burns; (3) A fracture	of any kind; (4) Undetermin	ine
was D.O.A. at a hospital (except where the physician who pronounced death was in regula	here the physician who pron	ounced death was in regul	0
deceased prior to death); and (6) No physician was in regular attendance on the deceased	No physician was in regular a	ittendance on the deceased	þ
written approval must be obtained before the remains are embalmed or final disposition is made	hafora the ramains are ambala	and or final disposition is ma	DOG

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	of done	3. P	LACE OF DEA	TH IN BALTIMORE,		_0	OPEN	4. USUAL RESIDENCE (When		141.
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	he he kind kind deat			Ever in U. S. Armed (If yes, give wor or		ce) 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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			23C. PHYSICIA NAME (T	re ABRAHA	M B. A	4UR	NITZ M.D.	7501 Liberty	Road Bul	Smore Md.
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	This certif the body shows: (1) was D.O./ deceased	25A	. DATE REC'D	BY HEALTH DEPT.	25B, NA	ME OF F	REGISTRAR	25C. FONERAL DIRECTOR	wh	ADDRESS
		VS	150-REV. 1/1/6	5					3	

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Minhm B. Hursertz ABRAHAM 8. HURWITZ

7501 Liberty Ross, Baltimore, Md.

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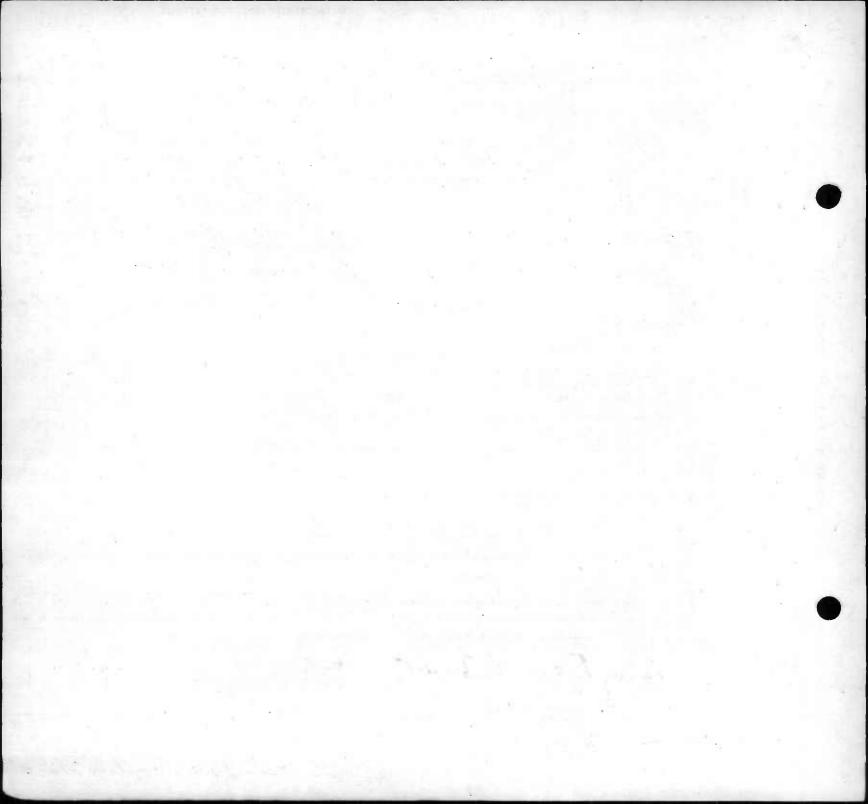
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT 68 1015 CERTIFICATE OF DEATH

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N. 450

	CERTIFICATE OF DEATH REG. NO
BIRTH NO.	CERTIFICATE OF BEATTI REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print) GEORGE NEWLIN	OF 7 7000000000000000000000000000
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted January 24, 1908 M. 3. DATE Month Doy Yeor Hour
	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	January 24, 1968 6:25 PM
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmission) A. STATE B. COUNTY
Union Memorial Hospital (DOA)	Pennsylvania
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Philadelphia YES 🕅 NO 🗌
	Philadelphia YES X NO L
lost birthdoy) Months Doys Hours Min	11-35
7/7/1887 80	1519 W. Fontaine Street
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Thila. Pa. WHAT COUNTRY?	JAMES H. NEWlin
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired)	Dun Canaduan
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS 20111
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	- ha Alliner Tier thing
176-18-0190	MAKY NEWIN 1519 YOUN AIN DI
19. 4 4 1 0 CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Hemopericardium
(A)IMMEDIATE (This does not mean the mode of dying, e.g., (DUE TO, OR	RAS A CONSEQUENCE OF:
heart foilure, osthenio, etc. It meons the diseose, injury or complication which coused deoth.)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	R AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION	NAS PERFORMED 21. AUTOPSY? (Yes or No)
	(Partial)
✓ 22A. FXTERNAL CAUSE WAS 1228, PLACE OF INJURY(e.g.	Yes
228. PLACE OF INJURY(e.g. UNDERLYING OR CONTRIB.	., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) lice bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	
(APPPOY)	NORK
	Partial)
	utapsy X and that an this basis, death in my apinion
	ide Hamicide Undetermined manner
resulted fram: Natural causes X Accident Suic	
ACTUAL C/	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MANCE	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 25, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y ar CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Water Plailed II'm Pia
DURIAL 1130168 Eden (P	Meleky Philadelphia IA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

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(1 Sept. 4)

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		BALTIMORE CITY	HEALTH DEPARTMENT	F	8 1017			
	SIRTH NO. 68 1017	CERTIFICA	TE OF DEATH	REG. NO.	101/			
1	NAME OF DECEASED Type or Print) MARY M. WITT	(WITKOWS		100 OF DEATH 22, 1968				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR				tution: residence before admission)			
- 11 1	FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?			
			E STREET AND NUMBER	E 1	ES NO			
94	2428 FOSTERAVE	2 .	2428 FOS.	TER AV.	۷,			
5	SEX 6. RACE 7. MAR	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
2 1	0A. USUAL OCCUPATION (Give kind of work 10B. KIN lone during most of working life, even if retired)	930	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?			
	Housewite		Md.					
3	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E				
1 1	MARTIN NOWAK 5. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	LV/7.		ADDRESS			
	Yes, no or unknown) (If yes, give wor or dotes of sen	vice) SECURITY NO.	MRJOSEPH WY	TT 2428 F	FOSTER AUE.			
	18. 4 4 0 191	CAUSE OF DEATH	7777	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
- 11	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:							
. 11			elerotic vascula	r disease	lo Years			
	ANTECEDENT CAUSES							
וו פ	DISEASES OR CONDITIONS, if ony,	diving DUE TO, OR AS	A CONSEQUENCE OF:		8 8 4 4 8 8 M 8 M 8 M 8 M 8 M 8 M 8 M 8			
5		giving DUE TO, OR AS	A CONSEQUENCE OF:					
5	DISEASES OR CONDITIONS, if ony, grise to the above couse (A) stoting UNDERLYING CONDITION last.	the DUE TO, OR AS (c)	A CONSEQUENCE OF:					
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	DISEASES OR CONDITIONS, if ony, grise to the above couse (A) stoting UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF CONDITION GIVEN IN PART 1 (A). 19.A. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet) 21.D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attentions	TING INAL FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased from January 19, ove. (I) (%e) (did) (did not) version of the example of the e	20A. AUTOPSY? (Yes or No) No n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJU e 19 68 and that liew the body after death.	(If in Boltimore of the Court o	ES OF DEATH? City, give exact location)			
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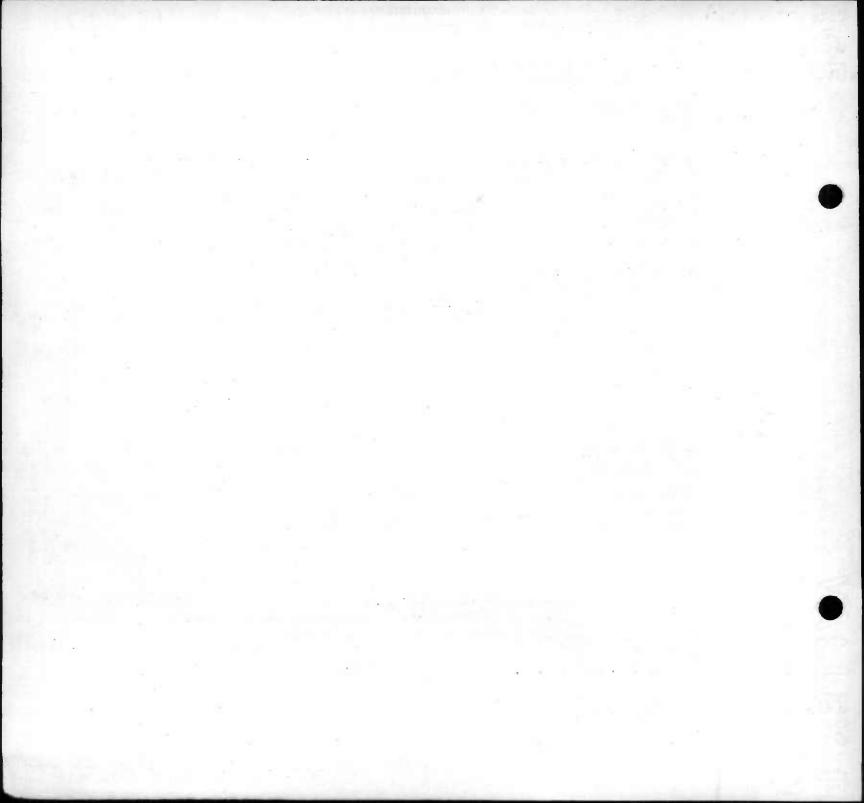
BURITE | // JUS / JUST HEALTH DEPT. | 258. NAME OF REGISTRAR

CEM. BATTIMORE Md.

25C. FUNERAL DIRECTOR

B. DABROWSKI 2818 F. BATTO. St.

VS 150-REV. 1/1/6B



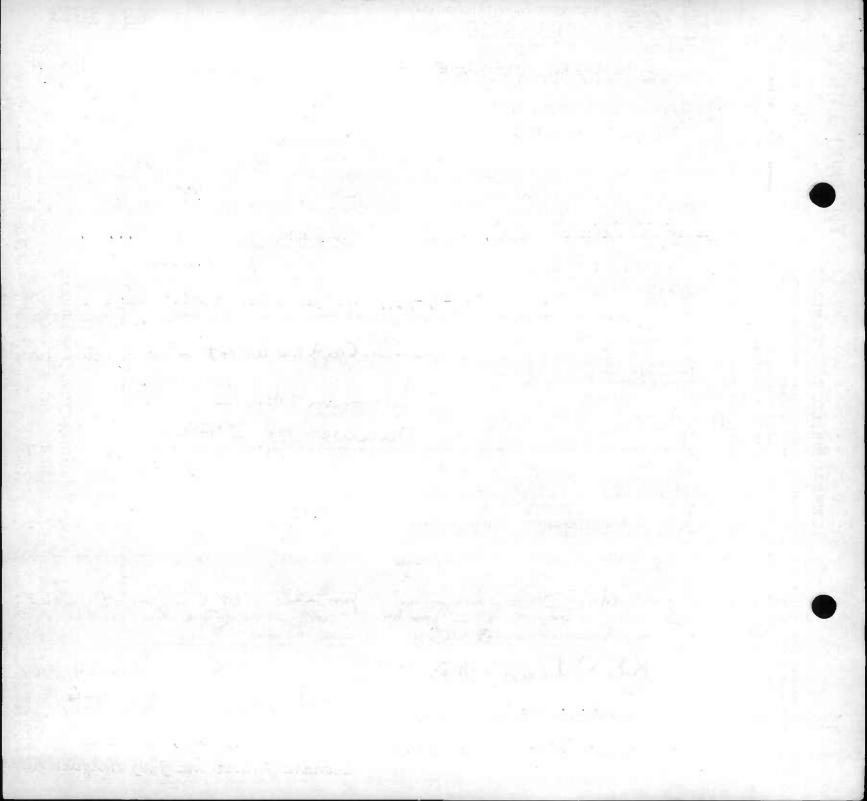
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1	M-620 68 1018 CERTIFICA	TE OF DEATH Registered No. 68 1018				
of death of death Decease e on the	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) M. D. CASE NO. Mildred E. Myers	2. DATE AND HOUR OF DEATH 1-23-68 11:07 P.M.				
hosp ise (5) and dec	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street hOSPITAL OR oddress or location)	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Maryland Anne Arundel C. CITY OR TOWN (If outside city limits, write RURAL and give township) Jessup 20794 D. STREET ADDRESS (If rural, give location)				
ting caud cause; r attend prior to	St. Agnes Hospital					
P d i e		28 SKKKWKKKKKKKKK Skarwsed Sharewood Dr.				
occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years lost birthday) 8/21/12 9. AGE (In years lost birthday) 1f Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.				
or condeternation	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Housewile	Maryland WHAT COUNTRY?				
direct; (4) Uth was	Norman Penn	14. MOTHERS MAIDEN NAME Anna Coburn				
ssistant the di kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL 579-32-6743	Mr. Ralph V. Myers (Same)				
he chief medical examiner or his as I by a medical examiner. Also, if (2) Body burns; (3) A fracture of any re the physician who pronounced physician was in regular attendatore the remains are embalmed or	UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AS PERFORMED.	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
ficate must be approved was released to the hos An accident of any natu A. at a hospital (except prior to death); and (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. 1 certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did nat) v 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Attended Attended	19 to 19				
This certify the body shows: (1) was D.O. deceased written a	REMOVAL (Specify) Burial 1/27/68. Cedar Hill Ceme 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Clenburnie, Md. 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto Md. 21.21				
	VS 150-REV. 1/1/65					

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FBIR	TH NO.		00	101	3 CER	RIFICA	TE OF [DEATH		NO		
Typ	AME OF DECE	JERIN		GIEO ERE PRONOL	RGE INCED DEA	A	4. USUAL RE	0	Pre deceased livery	.190	titution: resi	1:00 F
FU HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN ADDRESS (HOSPITAL OR LOCATI	OR INSTITU	ITION, GIVE	STREET	MARYL C. CITY OR TO	AND		D. INSID	RE CI	TY
3	3 THE J	OHNS H	IOPKIN	NS HOS	SPITAL		E. STREET AN	IMORE NO NUMBER REMME	L AVE	2.	YES 🔀	27-3
	MALE	WHITE	. ,	MARRIED WIDOWED] DIV	ORCED	B. DATE OF B	79	9. AGE (In ye last birthday	ors	If Under Manths D	
don	USUAL OCCUP during STOLY LET ULL FATHER'S NAM	stribut	if retired)	Beth.			Mary	, ,			U.A.	S A.
		ISTIAN	EVER	RING			6.4	100105	T	hule	er	-94
	wos Deceased E i, na or unknown)				213-0	7-7997	Mrs Co	itheri	re Ever	ing	Same	ADDRESS E
	(This does no heart foilure, o injury ar comp	sthenia, etc. I	made of d It means th	e diseose,	(A).M.	MEDIATE CAU	SE Cand CONSEQUEN	mère a CE OF:	rest	21	esci	natoryau
ATION	(This does no heart failure, o injury ar comp AI DISEASES OR rise to the UNDERLYING WAR AREA SIGNIFICATION THE DEATH	t mean the n sthenia, etc. It lication which NTECEDENT (CONDITION above cous CONDITION I CANT CONDITION BUT NOT RELA	made of d It means the caused do CAUSES NS, if on se (A) s lost. DNS CONT	e disease, eath.) y, giving toling the RIBUTING TERMINAL	(R)	· Puls	SE Cand CONSEQUEN MONORMA A CONSEQUEN	CE OF:	nest 2° AS			naton av
ERTIFICATION	(This does no heart failure, or injury or comp AI DISEASES OF rise to the UNDERLYING ###################################	t mean the n sthenia, etc. It lication which NTECEDENT (IN CONDITION above cous CONDITION IN CONDITION CON	made of d It means the caused de CAUSES NS, if on se (A) s lost. ONS CONT TED TO THE NIN PART 1 98. CONDI WAS PERFO	y, giving loling the (RIBUTING TERMINAL (A).)	(B)	UE TO, OR AS A	CONSEQUEN CONSEQUEN CONSEQUEN CONSEQUEN	ce of: Vice of: Clost	ne	SC V	0	CONSIDERED EATH?
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CAL CERTIFIC	(This does no heart foilure, or injury at comp AI DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT OR CONTRIBUT DEATH (notify recomplete)	t mean the n sthenia, etc. It lication which NTECEDENT (CONDITION above cous CONDITION LANT CONDITION BUT NOT RELA NDITION GIVE PERATION WAS UNDER	made of d It means the caused de CAUSES NS, if on se (A) s lost. DNS CONT INTED TO THE N IN PART 1 98. CONDI WAS PERFO REYING E OF	y, giving lating the TERMINAL (A). 10 11 10 10 FOR WRMED 21 18 hometc. (Hour) 21 E.	(B)	UE TO, OR AS , UE TO, OR AS , MALE TO, OR AS ,	20A. AUTO	PSY? (Yes of N	2° AS	WERE FING CAU	INDINGS C	
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MEDICAL CERTIFIC	(This does no heart foilure, or injury ar comp All DISEASES OF rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19.A. DATE OF CONTRIBUT OF LONG CONTRIBUT OF INJURY (APPROX.) 21.D. TIME 21.D. TIME 21.D. TIME 21.D. TIME 22. I certify the Control 10. TIME 22. I certify the Control 23.A. SIGNATUR 23.A. SIGNATUR 23.D. PHYSICIAN NAME (Type) BURIAL CREM	mean the n sthenia, etc. I tication which NTECEDENT (CONDITION above cous CONDITION above cous CONDITION TO RELA MUNITION GIVE OPERATION TO RELA MOITHON (Doy) WAS UNDER ING CAUSE nedical exomine (Month) (Doy) that (D) (this has saw the construction of the couse from the cause from the cau	made of d It means the caused de CAUSES NS, if on se (A) s lost. ONS CONT TED TO THE NIN PART 1 9B. CONDO WAS PERFO (Year) (Year) deceased ses stated	y, giving lating the remainder	(B) (C) VHICH OPER PLACE OF I e, larm, fact INJURY OC le At he decease (We) (did)	UE TO, OR AS JE TO	20A. AUTO 20A. AUTO 20A. AUTO 21F. 21F. 21F. 21F. 21F. 21F. 21F.	PSY? (Yes or N PSY? (20 A- 20 B. IF YES, IN CERTIFY! (If in IURY OCCUR?	WERE FING CAU	City, give	4 1960 accurred an the SIGNED
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1	BALTIMORE CITY HEALTH DEPARTMENT 68 1020
OLDT	68 1020 CERTIFICATE OF DEATH REG. NO. 00 1020
1, N	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
Тур	pe or Print Grand Son / Culine F. Gervasi 1/24/68. 9:53 A.
. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A, STATE A B, COUNTY
FUL	ILL NAME OF LIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MA BUILT LIFE OF
S	OSPITAL OR ADDRESS OR LOCATION C. CITY OR IOWN . D. INSIDE CITY LIMITS?
7	Julion l'emovial Balt. YES NO
1	HOSO . E. STREET AND NUMBER
_	3000 lagfield AVE
SI	SEX 6. RACE 7. MARRIED NEVER MARRIED B. OATE 9F BIRTH 9. AGE (In years Months; Doys Hours; Min.
A	WIDOWED DIVORCED
	during most of working life even if retired)
	Housewife I taly U.S.
3. F	FATHER'S NAME
	? Rando 2 20 / Unknown
5. V ′es,	Wos Deceased Ever in U. S. Armed Farces? s,no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT // S. JEMPIE Cracetti ADDRESS
	No 218-03-3193 Dayahter 1151 Very wood Pr
T	18. 4 / 0 9 1 CAUSE OF DEATH But. PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	(This does not meen the mode of dying, e.g.,
	heart foilure, osthenio, etc. It means the disease,
	injury or complication which caused death,) ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION losi. (C)
	42 01/ II
:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
	YES IN CERTIFYING CAUSES OF DEATH?
- 1.	OR CONTRIBUTING CALICE OF
	DEATH (notify medical examinet) etc.)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Work At Work
1	22. I certify that (I) ((his hospita)) ottended the deceased from 120 19 62 ta 1/2 4 19 68
- 1	that (1) (we) last saw the deceased olive an 1/24 19 68 and that (n(my) (aur) opinion death accurred an the day
	and have and from the causes stated abave (1) We) (did) (did not) view the body after death.
- 1	23A. SIGNATURE 23B. DATE SIGNED
- 1	The Attending Attending Director Phys. Staff Phys. Director Phys. 1/24/68
1	23C. PHYSIGIAN'S 123D. ADDRESS
	DR B L WECKESSER
	23C. PHYSICIAN'S NAME (Type) DR. B. J. WECKESSER A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Flote)
	23C. PHYSIGIAN'S NAME (Type) DR. B. J. WECKESSER A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 23D. ADDRESS THE UNION MEMORIAL HOSPITAL 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of caunty) (City, town, of caunty)
24A.	23C. PHYSIGIAN'S NAME (Type) DR. B. J. WECKESSER BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) Burial A. DATE REC'O BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS.
24A.	23C. PHYSIGIAN'S NAME (Type) DR. B. J. WECKESSER A. BURIAL CREMATION, 24B. DATE PROPERTY OF CREMATORY Burial 1/29/68. Holy Redeemer Cemetery Baltimore, Md.

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1	BALTIMORE CITY HEALTH DEPARTMENT	8 1021
BIR	CERTIFICATE OF DEATH REGISTERS NO.	CLUAL
1. N	ALE CASE NO. NAME OF DECEASED CALLAHAN EDWARD CALLAHAN EDWARD L-23-688 69 m	M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lives. Il institute. A. STATE B. COUNTY.	tion: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	
1	HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside city limits, write RUR)	AL and give jownship)
¥	The Union Memorial Hospital D. STREET ADDRESS (If rurol, give location)	
	3403 university place	
5. 5	Male White Married Never Married B. Date Of Birth 11-16-1899 9. AGE (In years WIDOWED, DIVORCED (specify) 11-16-1899 10st birthdoy) Married Married 11-16-1899	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.
	ane during most of working life, even if retired)	2. CITIZEN OF WHAT COUNTRY?
1	Self EMPLOYED Lab. Supply Maryland	U.S.A.
3.	S. FATHER'S NAME	1) A
	EDWARD J. CALLAHAN EDITH RAPHU	
Ye	5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown (III yes, give wor or doles of service) 16. SOCIAL 17. INFORMANT 17. INFORMANT 18. SECURITY NO.	ADDRESS
-	YES WWI 216-30-1541 VEANETTE C. CALLAH	
	18. 4 3 1 9 1 CAUSE OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Supracribal humowage	
	This does not mean the made all dying, e.g., heart failure, asthenia, etc. It means the disease,	R
	injury or camplication which caused death.)	
	88110	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
	UNDERLYING CONDITION last.	
ATION	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINITED Yes	S OF DEATH?
	65 -6517515117115	ty, give exact location)
U		
MEDI	OF INJURY OF INJURY OF INJURY OF While At Not While	
ς,	Work At Work	
	22. I certify that (I) (this hospital) attended the deceased fram 1968 to 1-23	
	that (1) (we) last saw the deceased alive on 1-23 1968 and that in (my) (aur) opinia	n death occurred an the dote
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE	B, DATE SIGNED
	DAVINI M. Mayne M.D. Attending Med. Staff	B, DATE SIGNED
	Phys. Director Phys. 23D. ADDRESS NAME (Type)	A
	NAME (Type) Darwish M. Nazzalmo. The union Memorial	Huspital
24/	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City.	town, or county) (State)
	Burial 1-26-68 New Cathedral Balto.	Md.
25/	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	JAN 25 1968 O. O. J. E. Fallows H.W. Jenkins & Sons Co	4905 York Rd.
VS	'S 150-REV. 1/1/65	

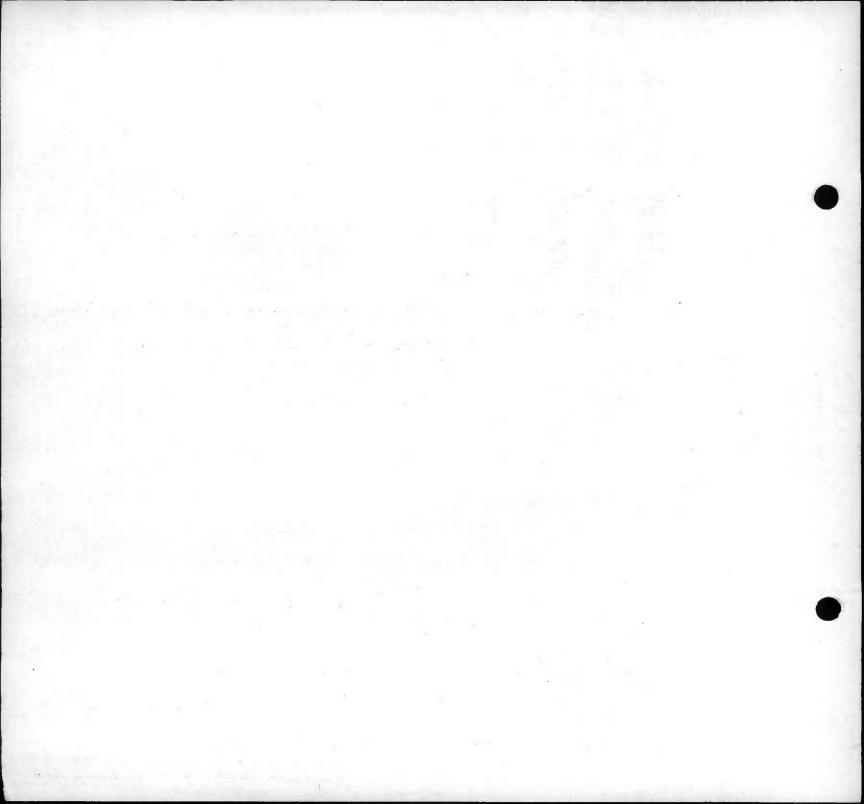
Africated him which will be with the wind Sate Herethopsen

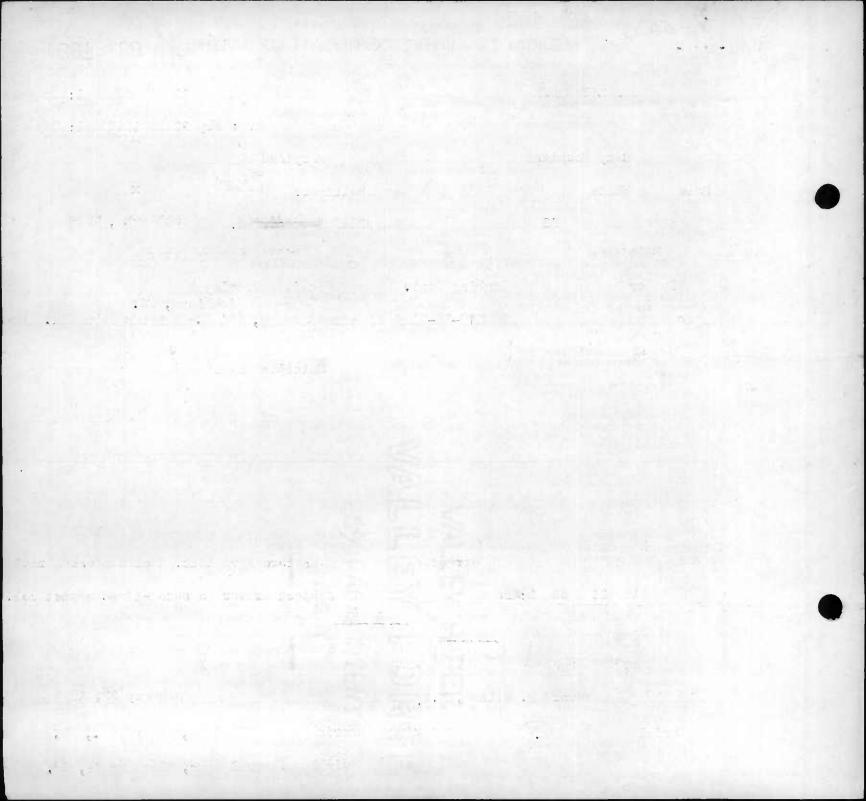
50-13-59

69 4000 BALTI	IMORE CITY HE	EALTH DEPARTMENT	1000			
G-/20 68 1022 CER	RTIFICATI	E OF DEATH REG. NO	68 1022			
1. NAME OF DECEASED		2. DATE AND HOUR OF PEATH	-30 1			
(Type or Print) Laura Gibbs		1/23/68	12 Am.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL	D 4. A	USUAL RESIDENCE (Where deceased lived, If ins STATE B. COUNTY	titution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE HOSPITAL OR ADDRESS OR LOCATION)	STREET	MARYLAND	111-00			
BALTIMORE CITY HOSPITALS	lc.	BALT IMORE	YES NO			
4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224	E.	904 NORTH CENTRAL AVENUE	21202			
	ORCED (8-23-06 9. AGE (In years lost birthday)	if Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,			
done during most of working life, even if refired) School Custodian	OR INDUSTRY 11.	, BIRTHPLACE (State or foreign country)	U.S.A.			
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME				
JOHN GIBBS		ROSETTA TYLER				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ill yes, give wor or dotes of service) 16. SOCIAL SECURIT	77 410	RECORDS:BCH_ 4940 Eastern	Avenue 21224			
18. 250,91 CAUS	E OF DEATH		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		DI	11.1			
(This does not mean the made of dying, e.g., (A) IM	MEDIATE CAUSE	Prolonged Hypoglycen	119 40			
heart failure, asthenia, etc. If means the disease, injury ar camplication which caused death.)	or io, on no n c	1				
ANTECEDENT CAUSES	Diabete	es Mellitus & Insulink	Pearting = 2 whs			
DISEASES OR CONDITIONS, if any, giving	UE TO, OR AS A	AS A CONSEQUENCE OF:				
rise to the above cause (A) stafing the UNDERLYING CONDITION last. (C)	Urman	I lact Infections	Septicemia 3 wbs			
260X II	-					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Imanar	Ny Abscess- PDA.				
DISEASE OR CONDITION GIVEN IN PART 1 (A).			INDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED		YES IN CERTIFYING CAU	ISES OF DEATH?			
	INJURY (e.g., in or tory, street, office	r obout 21 C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	City, give exoct location)			
Q 21D.TIME Month) Doy) (Year) Hour) 21E, INJURY OC	CURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.) While At	Not While L					
22. I certify that (1) (this hospital) attended the deceased	d fr.9/8/67	(1/16/68) 19 10 /1	123 1968.			
thor(1)(we) last sow the deceased alive on 1/23 19.68 and that in(my) (our) opinion death occurred on the date						
ond haur and from the couses stated obave, (1) (We) ((did) (did not) view the bady after death.						
23A. SIGNATURE			23 B. DATE SIGNED			
Sohn R. Sharp MI	DEGREE Phys.	ng Med. Staff Director Phys	1/23/68			
23C. PHYSICIAN'S NAME (Type)	230	ADDRESS 4940 Eastern Avenue	Baltimore, Md.			
John K. Sharp	DEGREE	Salt City HOSP	21224			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	METERY OF CREM	ATORY 24D/ LOCATION (Cit	y, town, or county) IStote)			
BURIAL 1127/68 M. C.	allar	1 U. U. Con	uly, Med			
25A. DATE RECIDITY, HEALTH DEPT. 25B. NAME OF REGISTRAF	R	Joseph D. Lock V	1304/ Central Ap			
VS 150-REV, 1/1/68						

10 20-02 W Secretary that we will be to the total South St. Kerting 2 135-176 February

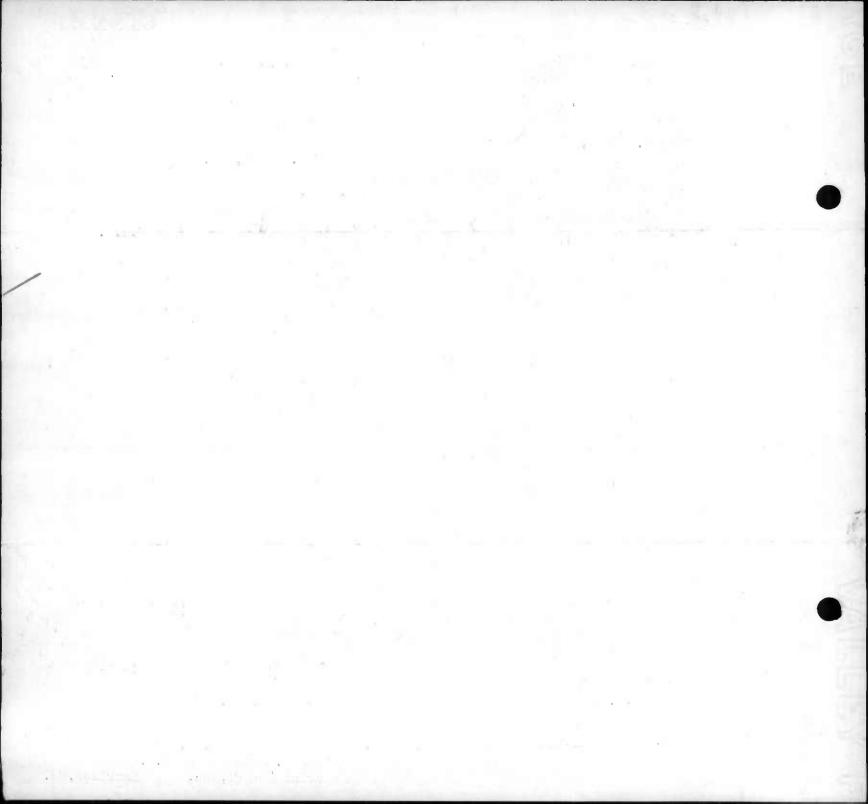
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 08 CERTIFICATE OF DEATH Such (5) Deceased of death 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 0 1-24-68 10:30 PM eonard a hospital 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance Md. cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? cause; 0 BALTIMOre NO Bon Secours Hosp prior E. STREET AND NUMBER contributing 540 S. Bentalow STreet occurred etermined disposition is made. regular B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE If Under 1 Yr. Months Doys 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired) KeTIRED ELIUERY Was the 13. FATHER'S NAME death 0 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL final SECURITY NO. ance 216-07-99024 9 BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It meons the diseose, gular injury or complication which caused death.) ANTECEDENT CAUSES who re are DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the rise ta physician UNDERLYING CONDITION lost. remains Was П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL No physician DISEASE OR CONDITION GIVEN IN PART 1 (A) before the 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) hospital DEATH (notify medical examiner) obtained 9 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While (except While At (APPROX.) and Work At Work 22. I certify that (1) (this haspital) attended the deceased fram. lan 19 68 that (1) (we) last saw the deceased alive an Jan 94and that in (my) (our) apinian death accurred an the date be of hospital death) must and haur and fram the causes stated abave. (1)(We) (did) (did nat) view the bady after death. was released 23A-SIGNATURE 23 B. DATE SIGNED Attending 0 approval ō 28C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) D.O.A. 24A. BURIAL CREMATION, deceased REMOVAL Specify written 258. NAME OF REGISTRAR 256. EUNERAL DIRECTORNAL HUNEROL BURIAL 1-29 25A. DATE REC'D BY HEALTH DEPT. W as Francis V. miller 2101 itredies VS 150-REV. 1/1/68



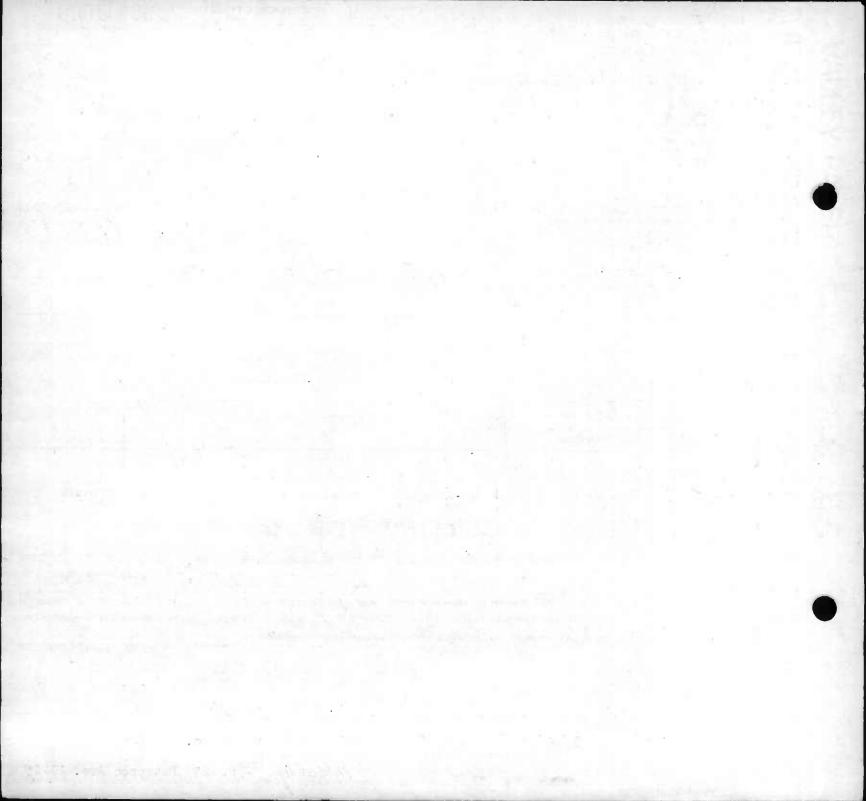


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	7 202			BALTIMORE CITY	HEALTH DEPARTMI	ENT	00	1001	
*	-323	68	102	5 CERTIFICA	TE OF DEA	TH REG. NO	68	1060	
	H NO.				2. D	ATE AND HOUR OF DE			
(Тур	or Print) Rose I	Rotkowi ta	Z			Jan.23rd.1968		8/30	a M.
3. PI	LACE IN BALTIMORE,	MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B.	E (Where deceased lived, COUNTY	. If institution; res	idence before odr	mission)
HO!	L NAME OF (IF I	OT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN	Baltimore	INSIDE CITY LIA	AITS?	8
INS					Baltimon	re	YES T	NO 🗌	
OL)3813 W.Roge	ers,Ave			E. STREET AND NUM	ABER Rogers, Ave.			
s. se	emale Whi	ite	7- MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Dec. 15th. 18	9. AGE (In years tast birthday)	If Under Months	1 Yr. If Under Days Hours	24 Hrs. Min.
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZI	EN OF WHAT CO	UNTRY?
	during most of working tif ousewife	e, even if retired)	Home		Russia		U.S	.A.	
13. F	ATHER'S NAME		-		14. MOTHER'S MAID	EN NAME			
	Zalman				Sarah Berl	lin			
(Yes,	vas Deceased Ever in no ar unknown) (If yes,	U. S. Armed For give war or date	ces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	#E00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ADDRESS	
	no			CAUSE OF DEAT		ine 3520 Autu	mn, Drive	APPROXIMATE INT	EDV A1
	(This does not mean heart failure, asthenia injury or complication	G TO DEATH the mode of , etc. It meons	dying, e.g., the discose, deoth.)	(A) IMMEDIATE CAN	A CONSEQUENCE OF:	Luce	D	2 C	
	DISEASES OR CONTISE TO THE OBOVE UNDERLYING COND	couse (A)		(C)	A CONSEQUENCE OF	:		.,,	
Ĕ	# 2 2 1 OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITIO	OT RELATED TO T	HE TERMINAL						
	19 A. DATE OF OPERAT		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	208. IF YES, V	VERE FINDINGS G CAUSES OF D	CONSIDERED	
	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21 E hon etc.	PLACE OF INJURY (e.g., ine, farm, factory, street, a	n or about 21C. WHERE ffice bldg., INJURY OC	DID (If in Bo	Itimore City, give	exoct location)	
MEDI	21 D. TIME (Month) OF INJURY (APPROX.)	(Day) (Year)	1	. INJURY OCCURRED itle At Not While At Work	e 🗖	DID INJURY OCCUR?	0		
	22. I certify that (1)	(this hospito	l) ottended t	he deceased from		19 Y 6 to	1./-	2 2 19	6/
				V Cx	2 19 (
1 1		he couses sto	ted gbove. (l) (We) (did) (did not)	riew the body ofter	deoth.			
	23A. SIGNATURE	1		Au	ending 1 Med.	C 2544 C	23 B, DATI		
	In	MA	22	DEGREE Phy	s. Directo	r Staff Phys.	19	23–68	
	23C. PHYSICIAN'S NAME (Type) JOS. B.	Gross			6911 Park	Hts.Ave.			
24A	BURIAL CREMATION REMOVAL (Specify)		24C. N	AME of CEMETERY OF CR		24D. LOCATION	(City, town, or	r county) ((State)
	Burial	1-24-6	0 10 1	gen Abraham Ce	m.	Rosedale, Md			
25A	. DATE REC'D BY HEA	LTH DEPT.		OF REGISTRAR	Sylvan S	RECTOR S. Lewis & Son	P.0.Bo		
	50 051/ 1/1//0				<u> </u>	l Chapel, Inc.	Ga	rrison,Md	

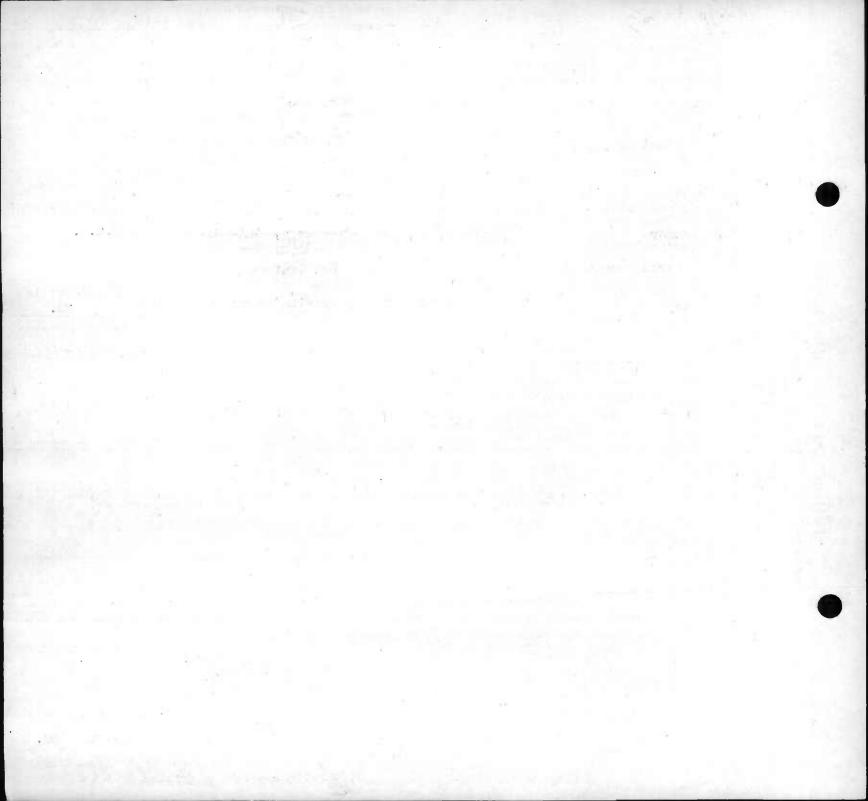


	HEALTH DEPARTMENT 68 1026
1-6/0 68 1026 CERTIFICA	TE OF DEATH REG. NO.
BIRTH NO.	
(Type or Print) TRIPP, GEORGIA	Belle 1-21-68 10 20 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
49 SINAI HOSPITAL OF BALTIHOR	E. STREET AND NUMBER LAND NUMBER LAND NUMBER
	J 2/2 WILTON MATTY HUE 21010
F WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors lost birthday) 10/7/73 9. AGE (In yeors Months Days Hours Min.
done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S MAME	14. MOTHER'S MAIDEN NAME
George W. Morgan	Ida Combs
S. Wos Deceased Ever if U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
CAUSE OF DEATH	clerate cardio vascular BETWEEN ONSET AND DEATH
LEADING TO DEATH	SE HAKOWA I Sare 48 hrs
(This does not mean the made of dying, p.s., DUE TO, OR AS A heart failure, asthenia, etc. 11 means the disease, injury ar camplicalian which caused death.	A CONSEQUENCE OF:
ANTECEDENT CAUSES S (1) Campa	WO TRACTURE OF LETT HIP
Districts on Compilions, in any, ignamy	A CONSEQUENCE OF:
rise to the above cause (A) station like UNDERLYING CONDITION last.	
4221 II 50 860 /	Fracture (Ct) Hill
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	ET FAILURE
198. DATE OF OPERATION 198. CONDITION FOR VIDE OPERATION WAS PERFORMED. 218. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, of	n or about 21 C. WHERE DID (If in Baltimore City, give exact location)
O 21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) At Work White At Not While At Work	* X FELLON HER LEFT Hip
22. I certify that (1) (this hospital) attended the deceased from	1-18-1968 to 1-21-1968,
that (I) (we) lost sow the deceased alive on	19 6 ond that in (my) (our) opinion death occurred on the date
ond haur and from the causes stated above. (1) (We) did) (did not) v	
23A. SIGNATURE LESALO PALLEVRO LESALO GEGREE Phys	nding Med. Shaff No. 23B. DATE SIGNED
DEGREE	23D. ADDRESS GO SINAI HOSPITAL OF BALTIMORA
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY or CRE	MATORY 24D. LOCATION (City, town, or county) (State)
Burial 1/24/68 Meadowridge Me	emorial Park Howard Co. Maryland
JAN 2 5 1968 A Land E Land Control of The Control o	meculy F. H. 237 Patapaco Ave. 21225
VC 150 BEV 1/1/48	

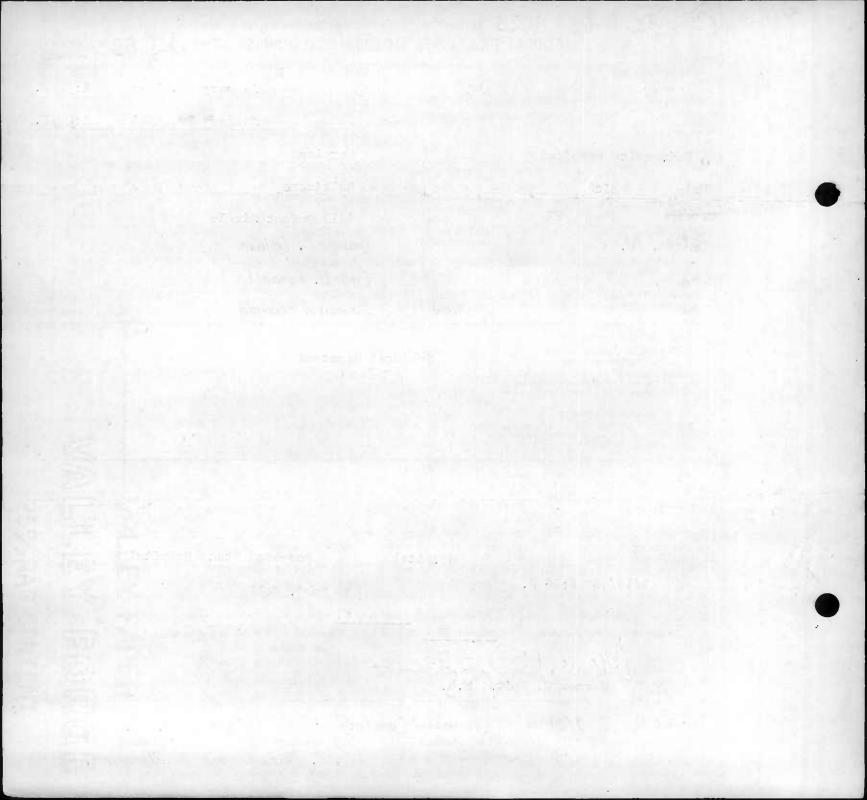


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

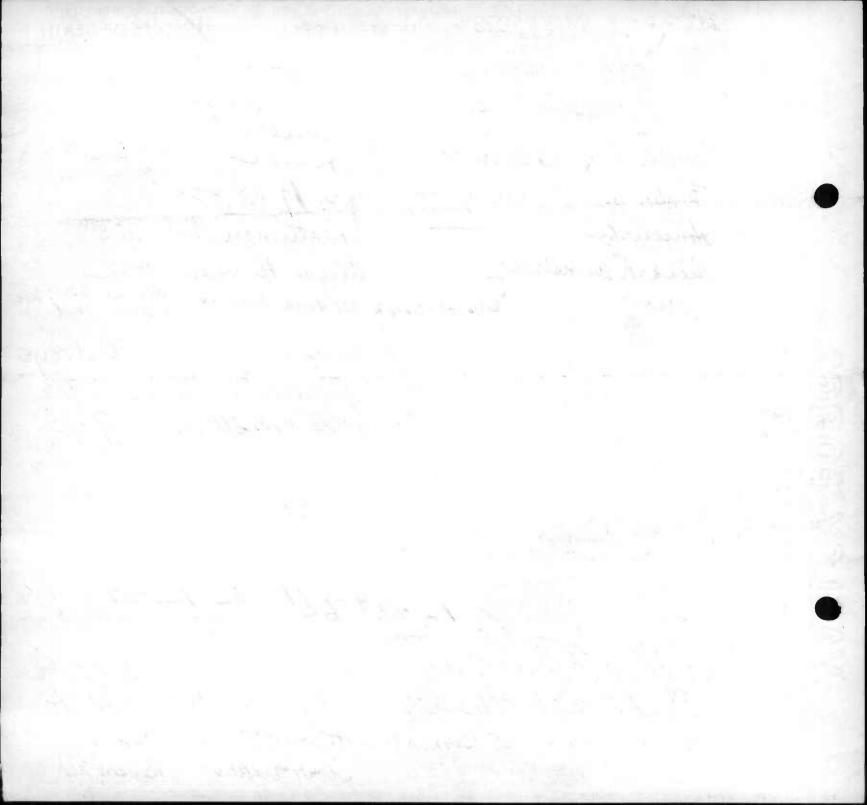
A	1 ,01	2		BALTIMORE CITY	HEALTH DEPARTME	ENT	00 1	Ci Own
1	1-50	\mathcal{I} 68	102	7 CERTIFICA	TE OF DEA	TH REG. NO	68 1	USI
	H NO.		100	CERTIFICA				
	e or Print)	NUNENTA	HAC, C	HARLES.		LZZ 68	1 1:	30 A M.
3. P	LACE IN BA	LTIMORE, MARYLAND, W	VHERE PRONO	JNCED DEAD		E (Where deceased lived, If COUNTY	institution: residence	before odmission)
FUL	L NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITU	JTION, GIVE STREET	Maryland			1-18
INS	SPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	1 0
10	X comes	11			Baltimore		YES E	ио 🗌
1	Sinai	Hospital			4924 Denn	nore Avenue		
S. SI	EX	6. RACE	7. MARRIED	NEVER MARRIED	B, DATE OF BIRTH	9. AGE (In years lost birthday)	tf Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
M	ale	white	WIDOWED	DIVORCED [March 28 1		77.0	1
		UPATION (Give kind of wor working life, even if retired)	1	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?
	Vendor	working the, even it femous	Food	Vendor	Baltimore	, Maryland	U.S.	Α.
	ATHER'S NA	ME			14. MOTHER'S MAID	-		
		Nunenthal			Eva Kau	ıfman		
15, V (Yes,	Vos Deceosei , no or unknowi	d Ever in U.S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Stev	ensville
	no			unknown	Mrs Sylvia	Rauner Rt 1 Bx	60AA	Md.
	1B. 4	0.91		CAUSE OF DEAT	Н			XIMATE INTERVAL
	DISEA	SE OR CONDITION DI	RECTLY		αΛ	(a 0 01	Λ	1 1 2
	(Th:	LEADING TO DEATH	1 4 3	(A) IMMEDIATE CAL		(leukes - Val	ceron (2/2	4-1100
	heart failure,	not mean the mode of , asthenia, etc. It means	s the disease,	DUE TO, OR AS	LOO ROOF		,	
	injury or co	mplication which coused			Media	1000	-1	1
		ANTECEDENT CAUSES		(B)	Polardia) to allie	> 15/2	1-1/22
		OR CONDITIONS, if to above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF			
		G CONDITION last.	olding in	(c)				
	420.	/ 11		Λ.	(C) 1	1 0 -		
		FICANT CONDITIONS CO		(Pression	No por de	eletean		
CAI	DISEASE OR	F OPERATION 198. CON	RT † (A).	WHICH OPERATION	20A. AUTOPSY? (Ye	Noll 208 IE VEC MED	E EINDINGS CONSI	DEBED
CERTIFIC	D TALBATE O	WAS PER		WHICH OFEKATION	200. AUTOFST: (16	IN CERTIFYING	E FINDINGS CONSI CAUSES OF DEATH?	DERED
AL AL	OR CONTRIB	ENT WAS UNDERLYING DE CAUSE OF y medical examiner		PLACE OF INJURY (e.g., i e, form, foctory, street, o	ffice bldg., INJURY OC	DtD (If in Boltim CU R?	nore City, give exoct	locotion)
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW D	DID INJURY OCCUR?		
>	OF INJURY (APPROX.)			ile At Not Whil	le 🖂			
			Wo				122/12.	
		y that (I) (this hospita		127/60		19toi	1000	19
	that (I) (we) last saw the deceas	ed alive an	152/08	19	and that in(my) (our) o	pinion death occu	irred on the date
II L			ited above. (I) (We)((did))(did nat) v	view the body after	death.		
	23A. SIGNAT	WRE PS DOLLES		Phy	ending Med.	Short T	238, DATE SIGN	68
	23 C. PHYSICI. NAME (AN'S Type) DEPT	NOER	DEOREE	23D. ADDRESS		1 1 1	<u>02</u>
24A	BURIAL CRI		24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county	y) (Stote)
	Buris		Par	kwood Cemeter	У	3310 Taylor A	ve Balto 3	4 Md.
2SA	JAN 2	1968 Poly	- A	DF REGISTRAR	2SC FÜNERAL DI	Beurs 1872	8 hibert	DRESS OF
VS	150-REV. 1/1/	/6B			7	0 10		



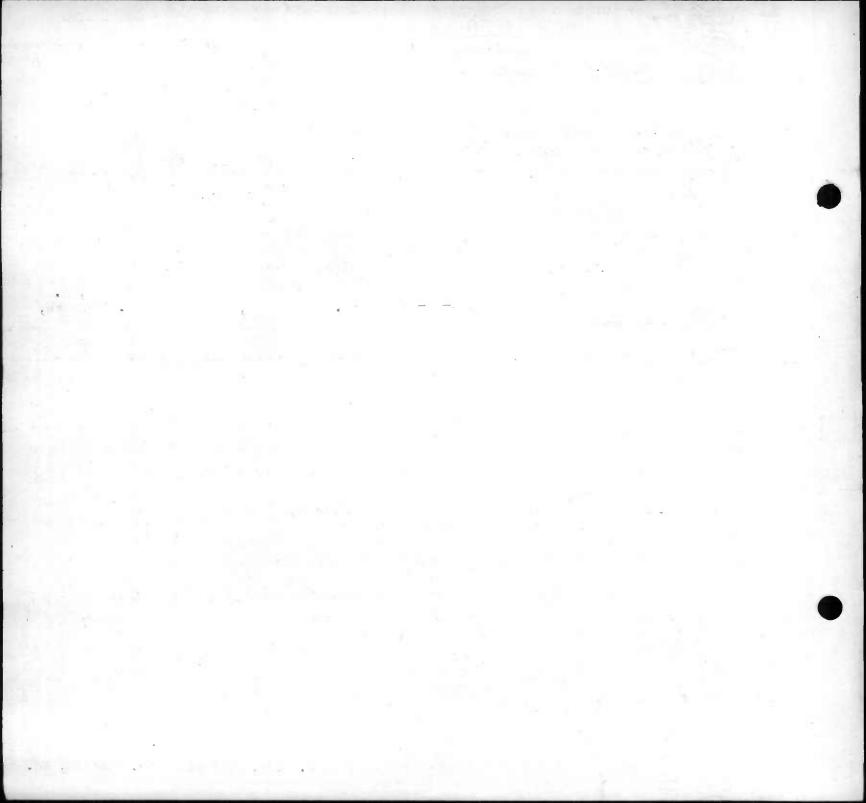
VS 151-REV, 1/1/6B



A-536 CO LOGO BALTIMORE CITY HEALTH DEPARTMENT
MRTH NO. 68 1029 CERTIFICATE OF DEATH Registered No. 68 1029
1. NAME OF DECEASED (Type or Print) and armstrong and armstrong and armstrong for the state of
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR oddress or location) INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city fimits, write RURAL and give township)
- Jaleston
Foulds Convalesarium D. STREET ADDRESS (If rurol, give locotion) 62-00
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthday) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stot) of foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Battimore Md W.S
13. FATHER'S NAME
Richard armstrong Elisa Hannah Hill
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT WAR Ama Mauge #66 Schoolesse 16. ADDRESS SECURITY NO. 16. ADDRESS SECURITY NO. 16. ADDRESS SECURITY NO. 17. INFORMANT Mauge #66 Schoolesse Balti mg
L 118. 4- O V I INTERVAL BETWEEN
DISEASE OF CONDITION DISECTIVE
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)
ANTECEDENT CAUSES BY PLYSHAWE COMOUNS DIS 16 975
DISEASES OR CONDITIONS, if any, giving
rise la lhe above cause (A) slaling lhe UNDERLYING CONDITION last.
UNDERLYING CONDITION last. # 8 / X I
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bidg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work Not While At Work
22. I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 b,
that (1) (we) last saw the deceased alive an 190 and that in (my) (ggr) apinion death occurred an the date
and haur and fram the causes stated above. (1) (We) (did not) view the bady after death.
Phys. Director Phys.
CHIEFORDEHIDSOMMO. FORK MED BACKA.
Bural Jan 25 Mb Isvans Prestitegram 4600 Rd Ball MA 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BURACH MA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FYNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/65



1		HEALTH DEPARTMENT 68 1030
Sto et a	BIRTH NO. Z60 68 1030 CERTIFICA	
deat deat ease n th Suc	1. NAME OF DECEASED Anna Shkor (Type or Print) ANA SOKKOR	2. DATE AND HOUR OF DEATH 21 JAN 68 840 P.M.
Dec of	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A, STATE B. COLINTY
se (5) anc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MD Baltimore
	HOSPITAL OR ADDRESS OR LOCATION INSTITUTION Maryland General Hospital	C. CITY OF THE D. INSIDE CITY LIMITS? Edgemere YES NO
caus caus arte	MARKLAND GENERAL HOSP	E. STREET AND NUMBER
de.	5. SEX 6. RACE 7. MADDIED NEVER MADDIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
trib min gol sed	S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	15 DEC 93 lost birthdoy 4 Months Doys Hours Min.
con con ced ced	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	0 1/5
or or or de	HOUSEWIFE 13. FATHER'S NAME	RUSSIA U.S.
rect or c (4) Undet was in the dec	Egnoth Strygelski	Mary Kay Dulczynsky
dir dir al di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT (SOR) ADDRESS Md.
the the dec	No 213-17-4426	Mr. Alex Shkor, 322h Grace Rd. Edgemere,
any any and	DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Also e of noun atte	LEADING TO DEATH	USE METASTATIC CA UTERUS 3 YRS
turituri pron	heart foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.)	A CONSEQUENCE OF:
fra fra em	ANTECEDENT CAUSES	
xan xan y A wh wh	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:
lical e lical e rns; (3 sician was in	UNDERLYING CONDITION loss. (C)	
dica dica urns ysic wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	BESTIVE HEART FAILURE
dy by	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1194. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED
- 7	WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	REFUSED IN CERTIFYING CAUSES OF DEATH?
tal by can tal be tal before tal before tal	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
ס בֿ ַ ַ ַ ַ ַ ַ ַ ַ ַ ַ ַ ַ ַ	D 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
oved e hos natu cept nd (6)	OF INJURY (APPROX.) While At Not Whi Work At Work	
S X X E to	22. I certify that (1) (this haspital) attended the deceased fram	
ap to of oil (h);		19 68 and that in(my) (aur) apinian death accurred an the date
ust be a cased to dent of ospital death) must be	and haur and fram the causes stated above. (We) (We) (did) (did-not)	view the bady after death. 23B, DAJE SIGNED
2 9 9 5 2 2	J. Gladava Mh. DEGREE PH.	ending Med. Staff Phys. 9 1/51/68
	NAME (Type)	MARNIAND GENERAL HOLD
A. A. d pr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	MACHE
certificate body was r vs: (1) An a D.O.A. at assed prior ten approv	Burial 1/26/68 Holy Trimity Cen	
This certift the body v shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	John J. Duda, 7922 Wise Ave. Dundalk, Md.
	VS 150-REV. 1/1/6B	



death

Deceased

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(4) Undetermined

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(APPROX.)

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5. SEX

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н			10

BIRTH NO

I. NAME OF DECEASED (Type or Print) Virgie M. McCune 2. DATE AND HOUR OF DEATH 7 /27 /64

	1/21/00		7. JU	4 . N
USUAL RESID	B. COUNTY	ed. If institution: residen	ce before	odmission)
Marylan	d Balti	more		
CITY OF TOW	NI I	D INCIDE CITY HARTS?		

YES X

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR

3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD

Edgemere Baltimore City Hospitals 4940 Eastern Ave.

MARRIED A NEVER MARRIED

E. STREET AND NUMBER

B. DATE OF BIRTH

421 Willow Ave. 21219 9. AGE (In years

If Under 1 Yr. Months: Days If Under 24 Hrs.

NOIX

Female White WIDOWED DIVORCED

last birthday 10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country)

12. CITIZEN OF WHAT COUNTRY?

done during most of working life, even if retired) Housewife 13. FATHER'S NAME

West Virginia 14. MOTHER'S MAIDEN NAME U.S.A.

Dock McCune

Baltimore, Maryland #

. RACE

6. SOCIAL SECURITY NO. Virginia Short

ADDRESS 4940 Eastern Ave.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)

232-32-2410

BCH: Records Baltimore, Maryland #21224

CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION last.

420. Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)

198. CONDITION FOR WHICH OPERATION

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No)

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

19A. DATE OF OPERATION

21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

At Work

(If in Boltimore City, give exact location)

21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) While At

WAS PERFORMED

21E INJURY OCCURRED Not While r 21 F. HOW DID INJURY OCCUR?

22. I certify that (I) (this haspital) attended the deceosed fram

that (1) (we) lost saw the deceased alive on.

and that in(my) (our) apinian death accurred an the date

and hour and from the couses stated above. (1) (We) (did) (did not) view the bady ofter deoth. 23A, SIGNATURE

Work

23C. PHYSICHAN'S NAME (Type

120 Attending X DEGREE 23D. ADDRESS

Med. Director L Eastern Ave. Baltimore,

23 B. DATE SIGNED

Baltimore, Maryland

24A. BURIAL CREMATION, DATE REMOVAL (Specify)

DEGREE 24C. NAME of CEMETERY OF CREMATORY

Gardens of Faith Cemetery

1/24/68 25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

John J. Duda, 7922 Wise Ave. Dundalk, Md.

Burial

medical physician Body the O fore the $\overline{2}$ where hospital ŝ ained 9 approved (except and to the any obt pe of hospital death) must accident 0 approval ō prior at An ď eased body 0.0 written Was deco



hospital

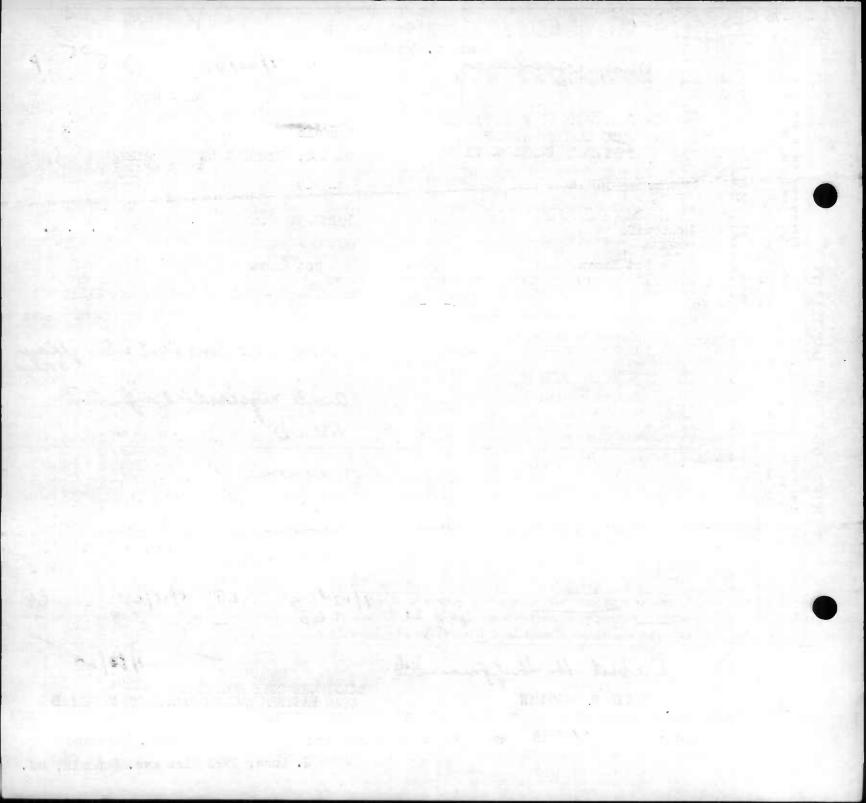
occurred

IMPORTANT

DIRECTOR:

FUNERAL

1032 CERTIFICATE OF DEATH of death Deceased Such BIRTH NO Mary M. Brashears I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO death. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY STATE Maryland Reltimore (2) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET cause HOSPITAL OR BALTIMORE CITY HOSPITALS C. CITY OR TOWN D. INSIDE CITY LIMITS? attend cause; 0 NO YES I Dundalk 4940 EASTERN AVENUE prior E. STREET AND NUMBER contributing BALTIMORE MARYLAND 21224 7841ST. FABIAN LANE 21222 Undetermined made. regular 6. RACE WHITE 5. SEX FEMALE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED eceased lost birthdo 72 Hours 3-18-95 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) MARYLAND 2 U. S. A. Housewife G S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME <u>4</u> Not Known Not Known death no ind; S. Wos Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT 6. SOCIAL fina (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. RECORDS-BCH-4940 EASTERN AVENYE 21224 Ce 214-12-8456 No any CAUSE OF DEATH attenda APPROXIMATE INTERVAL or BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease, Pa gular injury or complication which coused death.) ea ANTECEDENT CAUSES who 9 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION lost. remains physicia MOS medical 420,1 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION OA. AUTOPSY? (Yes or No) the O WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF ICAL hospital °Z DEATH (notify medical examiner) MEDI obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While (except While At (APPROX.) and Work At Work to the any 22. I certify that (I) (this hospital) attended the deceased from 68 that (I) (we) lost sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date be of eath) hospital ond hour and from the couses stated above. (1) (We) (did (did not) view the body after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED O Attending Phys. Med. Staff 0 Director L 5 0 23 C. PHYSICIAN'S prior 23 BALTIMORE CITY HOSPITALS approv DAVID at H, HUFFMAN 4940 EASTERN AVENUE BALTIMORE MARYLAND OEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) eceased he body 0.0 REMOVAL (Specify) shows: Meadowridge Memorial Park Burial Dorsey, Maryland Mas John J. Duda, 7922 Wise Ave. Dundalk, Nd. ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 70 VS 150-REV. 1/1/6B



IMPORTANT DIRECTOR: FUNERAL

REG. NO. CERTIFICATE OF DEATH al and death Such (4) Undetermined cause; (5) Deceased I, NAME OF DECEASED (Type or Print) LO NORMA E. HUNT hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance MARYLAND canse (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN JOHNS HOPKINS HOSPITAL BALTIMORE prior E. STREET AND NUMBER contributing regular 9. AGE (In years 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED tost birthdoy) FEMALE WHITE 2 = 22 - 12 WIDOWED X DIVORCED 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) disposition done during most of working life, even if retired) housewife own home Maryland Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME HARRY KARN death 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL or final SECURITY NO. attendance any CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Drumonia (This does not meon the mode of dying, e.g., gular heart failure, asthenio, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES obtained before the remains are DISEASES OR CONDITIONS, if ony, 10 the above couse (A) stating the the physician UNDERLYING CONDITION last. physician was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes of No) 21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? where hospital ; and (6) No MEDICAL DEATH (notify medical examiner) any nature; 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 F. HOW DID INJURY OCCUR 21 E. INJURY OCCURRED OF INJURY Not While While At (APPROX.) At Work Work to the 22. I certify that (1) (this haspital) attended the deceased fram that((i))(we) last saw the deceased alive an... and that in (my) death) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. was released must 23A. SIGNATURE Attending Med Staff 0 Director approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS a shows: (1) An 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased D.0. he body REMOVAL (Specify) SD 25A DATE REC'D BY HEALTH DEPT.

BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH 1-17-68 4 00 A M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) BALTIMORE CITY D. INSIDE CITY LIMITS? NO 21231 If Under 24 Hrs. Hours Min. tf Under 1 Yr. Months: Doys 12. CITIZEN OF WHAT COUNTRY? U.3. EDNA MAE KNADLER ADDRESS Route 1 215-18-1355dward Norris, Millers, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 (If in Boltimore City, give exoct location) (aur) apinfan death accurred an the date 23 B. DATE SIGNED 1/17/68 (City, town, or county) Locust Valley Ch. of God Middletown, Gladhill Company, Middletown, Md. VS 150-REV, 1/1/6B

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				BALTIMORE CITY	HEALTH DEPARTMENT		00
		68	103	4 CERTIFICA	TE OF DEATH	REG. NO	68 1034
BIRTH N		Charles III		CERTITICA			
(Type or	Print)	RO	Y F.	HUMPHREYS		uary 22, 196	8 2:00 A. M.
3. PLAC	E IN BALTIM	ORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WI		stitution: residence before admission)
FULL N HOSPITA		(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET	Md.	6. INSI	DE CITY LIMITS?
		3500 E.			Baltimore		YES 🔼 NO 🗌
0	<i>O</i> .	Baltimo Md.	re , 21	224 ,	3500 E. Fay	ette St, #2	1224 •
S. SEX	6.1	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
Male	Э	White	WIDOWED	DIVORCED	July 12,1906	lost birthday	
			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Retir	ing life, even if retired)	M	echanic:		So. Carolina	U.S.A.
13. FATH	IER'S NAME	Zeb Humphr	eys		14. MOTHER'S MAIDEN N	e Oates	
1S. Wos	Deceosed Ev	er in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No (If	yes, give wor or date	es of service)	249-09-1151	Mary C. Hum	phreys	Same.
Page AL CERTIFICATION OIL	AN SEASES OR The DERLYING OF THE DEATH E EASE OR CON DATE OF OI ACCIDENT CONTRIBUTIIT	ADING TO DEATH mean the made of henia, etc., II means cation which coused TECEDENT CAUSES CONDITIONS, if above couse (A) CONDITION last. II ANT CONDITIONS CO BUT NOT RELATED TO T DITION GIVEN IN PAI PERATION 198. CON WAS PER WAS UNDERLYING TO CAUSE OF edicol examiner)	ony, giving slating the MTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR MED	(8)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? e City, give exoct lacotion)
		Nonth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
E OF	PROX.)		Wh	ite At Not Whi			
		ot (1) (this haspito	1) attended t	he deceased from	ner	19 6 7to that in(my) (our) opi	nion death accurred an the date
23A	PHYSICIAN'S	1.15	Jush	Ath	23D. ADDRESS	Staff Phys.	23B, DATE SIGNED
	- / / /	Juliu	s H.	Goodman	3400 E. Balt		lto., 21224, Md.
RE	RIAL CREMA MOVAL (Spe Burial	tion, 24B. DATE (1-25-6		Gardens of F			Trumps MillRd. Id.
2SA. DA	ATE REC'D BY	HEALTH DEPT.	258. NAME (E FalleyMA	Elaslis & S	of 901 S. Balto	Conklingest. , 21224 , Md.
VS 150-	REV. 1/1/68				7		

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C-436

68 1035 BALTIMORE CITY HEALTH DEPARTMENT

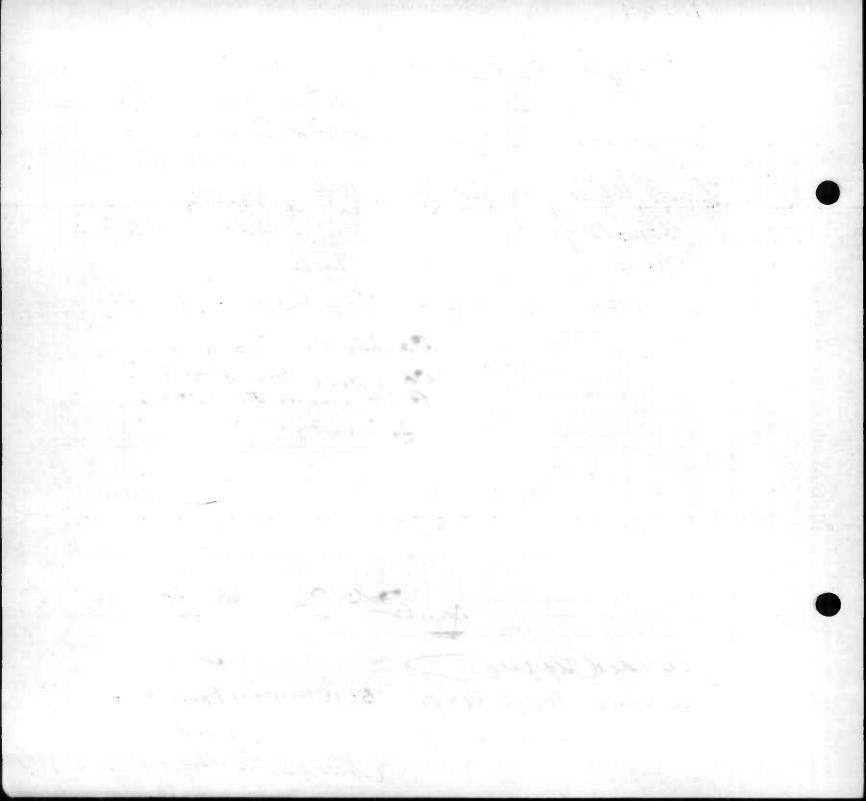
MEDICAL EVANINED'S CEDTIFICATE OF DEATH

68 1035

BIRTH NO.		MED	ICAL	. EA	AMIINER 3	CERTI	FICAT		DEAT	REG. NO.			
1. NAME OF DEC	EASED					2. DATE	Клоч	vn X	Month	Doy	Yeor	Hour	
(Type or Print)				OF	=	noted [21	68	12:20	Рм.		
ROY K. CHILDRESS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE	1		Month	Doy	Yeor	Hour	P M.		
FULL NAME OF HOSPITAL	(IF NOT		LORINS		I, GIVE STREET	PROP	OUNCED		January	21	1968	12:20	Р м.
ORINSTITUTION	527 01	dham S	t .			5. USUA A. STATE		, , , , ,		ed. If institution B. COUNTY	residence b	efore odmiss	ion)
6. SEX	7. RACE	andin b		IED (NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE CIT	Y EMAITS?	9/	
Male	White		WIDOV		DIVORCED		Baltin	nore		YE	a 🖾 ı	vo 🗆	
9. DATE OF BIRTH		10.AGE (In	1).		er 1 Yr. If Under 24 Hrs. Days Hours Min.	E. STREE	T AND NU		L C4	# 2:	1004		
Aug. 5.	1909	230	(58)	10 CIT	IZEN OF	12 FATL	IER'S NAM		ham St.	# 4.	1224		
11. BIRTHPLACE (S					IAT COUNTRY?	13. FAIR	IEK S INAM	ie.	~				
	mouth,									ildress			
done during most of w	orking life, eve		14B. KINE	OF BU	SINESS OR INDUSTR	Y 15. MO1	HER'S MAI	DEN NA	AME				
	ployed				ectrician		Eli	zabe	th	?			
(Yes, nyor unknown)	O EVER IN L	J.S. ARMED	FORCE:	1	7. SOCIAL SECURITY NO. 129-07-8627		DRMANT	7//	01. 43 2			en Way	
19. 41 1	6 6			1	CAUSE OF DEA		garet	題。	Unitare	ess Balt		4 Md	ERVAL
410	(101											EN ONSET AN	
	OR CONDI		CTLY		Inti	acere	bral h	nemor	rhage				
	LEADING TO				(A)IMMEDIATE					a an air an ann an			
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AN	TECEDENT (CAUSES		777					ioscler	otic Ca	rdiova	scular	
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0 443	7	11			(0),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
OTHER SION	IFICANT CON	DITIONS CO											
DISE ASE OR	CONDITION	GIVEN IN PA	ART 1 (A)		***************************************								
20 A. DATE OF	OPERATION	20B. CON	NOITION	FOR W	HICH OPERATION W	AS PERFO	RMED				21. AUTO	PSY? (Yes or	No)
											Y	es	
UNDERLYING		TRIB-			ACE OF INJURY (e.g., arm, foctory, street, office					e City, give exo	ct locotion)		
UTING L CA		oy) (Yeor) (Hou	r) 22E	INJURY OCCURRED		22F. HO	W DID I	NJURY OCCI	JR?			
OF INJURY (APPROX.)		,		'		WHILE							
23.	ify that I he	ald on 1	nguiry [nspection Au	itapsy 🔀	and	that an	this basis	death in my	aninian		
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result	ed from: No	atural cau	ses A	Acc	ident Suici	de 🗀	Homicide			ned manner L	_		
ACTUAL	XI.	. 101	1	_ \	1.10				. EXAMINER			DATE SIGN	IED
SIGNATI		Ulli	JE T		M.E). A	SSISTANT	MEDICA	LEXAMINER	K			
EXAMINI	ER'S		0			A	SOCIATE !	MEDICA	EXAMINER				
NAME (T		ward F	. Wil	son	M.D.	-	4 7 0 0 1		100150		uary 2		
24A. BURIAL CREA REMOVAL (Specif		4B. DATE		24C.	NAME of CEMETERY	ar CREM	ATORY	24[LOCATION	(City, town	, or county	alto.	24.
Buria		1-24-	68		Baltimore 1	Vation	nal	-	501 Fre	ederick		Md.	- 17
25A. DATE REC'D			_		F REGISTRAR_	2.5	C. FUNERA	-	0				-
	JAN 2		Roll	Zul	E, Jarber R	1 6	20 0	. 1	Q:00	9015, E			
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	M254	BALTIMORE CITY	HEALTH DEPARTMENT		20 1000
BIR	TH NO. 68 1036	CERTIFICA	TE OF DEATH	REG. NO.	88_1036
	DO OF DECEASED MC M	ullen	2. DATE AND	HOUR OF DEATH	
3. 1	PLACE IN BALTHOOK MARYLAND, WHERE PRONOUNC	ED DEAD	A. STATE B. COUNTY	1	itution: residence before odmission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CHY OR TOWN,	Musing	E CITY LIMITS?
	102 N. RACA ST		Bull M	1-11	YES NO
_	102 4.01.61		E. STREET AND NUMBER	PACA- 3	T 4-02
S. S	emel Whit Widowed 2	NEVER MARRIED DIVORCED		AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
lone	USUAL OCCUPATION (Give kind of work 10B, KIND OF BU e during more of working life, even if retified)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	(Country)	12. CITIZEN OF WHAT COUNTRY
3.	FATHER'S NAME	r	14. MOTHER'S MAIDEN NAME	1	W . 3 /A .
S. \	Wos Deceosed Ever in U. S. Armed Forces? 16	SOCIAL	17. INFORMANT		ADDRESS
Yes	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Hosto (Menis)	Bette	Md
	18. 4 / 2.9	CAUSE OF DEATH		> .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carl	is-les in	pro for lan	0
	(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease.	DUE TO, OR AS A	CONSEQUENCE OF:)	
	injury ar camplication which caused death.) ANTECEDENT CAUSES	conse	some Hear	of Tank	~
	DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	= CUMO	
	rise to the obave cause (A) stoting the UNDERLYING CONDITION last.	(c) Ser	ulity!		
	#22.1 II				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FII IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PL/OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in form, foctory, street, offi	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
U	DEATH (notify medical examiner) etc.)				
MED	OF INJURY (APPROX) While	JURY OCCURRED At Not While	21F. HOW DID INJU	Y OCCUR?	
	22. I certify that (I) (this haspital) attended the a	At Work	100	65. As)? 10()
		Jan 22		in (my) (our popini	on death occurred on the dat
	and hour and from the couses stated above. (1) (Y		/		
	23A. SIGNATURE	Atten	dina C Mad C St		23B, DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.		aff ays.	
	23C. PHYSICIAN'S NAME (Type)		5615 Reyter	s tum	nd
24A	BURIAL CREMATION, 24B. DATE 24C. NAME	DEGREE	MATORY 24D. 10	ATION (City	, town, or county) (State)
	1/24/6A Cu	sel the	1 Hou	ude Upa	Le Md.
25A	. DATE REC'D BY HEALTH DEPT. 25B. NAME OF A	ESISTRAR	25C. FUNERAL DIRECTOR	2 Show	de Alexa MIN
VS	JAN 2 D 1900 (12, 150, 2)		Joseph 1 21	n, person	de Eliace Md



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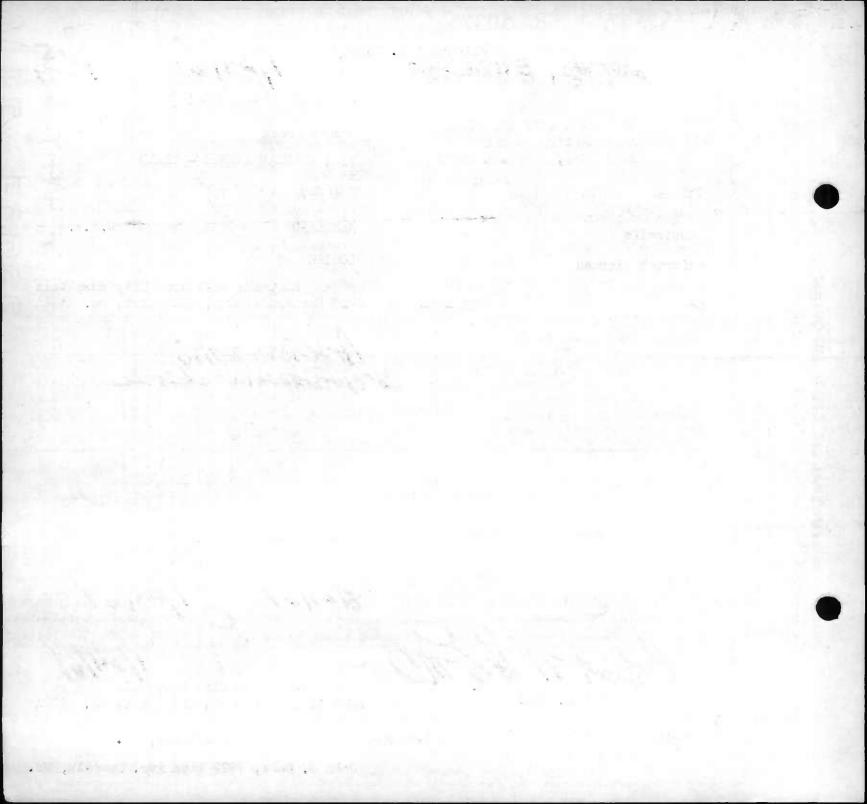
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

IMPORTANT

FUNERAL DIRECTOR:

D-6-	20 68	1 (127)	E CITY HEALTH DEPARTM		68 1005
BIRTH NO. 1. NAME OF DEC	Doc 96	Elizabeth		ATE AND HOUR OF DEA	145
3. PLACE IN BA		HERE PRONOUNCED DEAD	MARVIAND	E Where deceased lived, I COUNTY BALTIMORE	If institution: residence before odnikssion)
HOSPITAL OR INSTITUTION	BALTIMORE CI 4940 Eastern		Jones Cr	eek	NSIDE CITY LIMITS? YES NO 🌂
		aryland 21224	7304 WALD	mber Man avenue – 2	21219 53-60
5. SEX FEMALE	6. RACE WHITE	7- MARRIED X NEVER MARRI WIDOWED DIVORC	= 6/20/07	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	working life, even if retired)	10B, KIND OF BUSINESS OR IN	MARYLAND	e or foreign country)	U.S.A.
13. FATHER'S NA		tery.	LOUISE	EN NAME	
15. Was Deceased (Yes, no or unknown	d Ever in U. S. Armed For	s of service) 1 6. SOCIAL SECURITY NO			ore City Mospitals
DISEASES rise to the UNDERLYIN 3344	not meon the mode of ostenia, etc. It means of medication which coused ANTECEDENT CAUSES OR CONDITIONS, if etc. obove cause (A) G CONDITION last.	the disease, deoth.) Ony, giving DUE TO staling the (C)	OR AS A CONSEQUENCE OF	saylar di	Seale_
19A. DATE O	F OPERATION 198. CON WAS PER	IT (A). DITION FOR WHICH OPERATION FORMED	NO	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	218. PLACE OF INJUR home, form, foctory, s etc.)	Y (e.g., in or obout 21 C. WHERE injury oc	DID (If in Balti CUR?	imore City, give exact location)
	(Month) (Doy) (Year) that (1) (this bespital) last saw the decease) attended the deceased fra	tot While S/29/6		24/68 19
and hour or	d from the causes sta	ted abave (I) (We) (did) did	Attending Med. Directo 23D. ADDRESS Ba	decth. r Staff X Phys. X timore City Ho	ospitals ltimore, Md. 21224
24A. BURIAL CRI REMOVAL Burial	EMATION, 24B. DATE	24C. NAME of CEMETER	OF CREMATORY	24D. LOCATION	(City, town, or county) (Stote)
25A. DATE RECT	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	John J. D		Ave. Dundalk, Md.

VS 150-REV. 1/1/6B



23 C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

25A, DATE REC'D BY HEALTH DEPT.

1-25-1968

to death. Such

a hospital and

	0.0		BALTIMORE CITY	HEALTH DEPARTMENT		60	4000
	68	1038	CERTIFICA	TE OF DEATH	REG. NO	68	1038
BIRTH NO.	ACED		ODIN THE TOP		ND HOUR OF DEATH		
(T D. D.)		A NINIA D				1060	12 200
	DRZEJEWSKI			JAT	NUARY 21,	1900	12:30P.
S. PLACE IN BALL	IMORE MARIEAND, W	HERE PRONOUNC	ED DEAD	A. STATE 8. COU	NTY	isilionon, lesiden	ce before damission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION	N, GIVE STREET	MARY LAND		IDE CITY LIMITS?	25-04
40		NES HOSP S & CATO		BALT I MOF	RE	YES 🗶	NO 🗌
,		ORE. MD.			+TH STREET		
- SEX	6. RACE		VEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	, If Under 24 His
FEMALE	WHITE	WIDOWED	DIVORCED [07-04-87	lost birthd 80	Months Doys	Hours Min.
OA, USUAL OCCU	PATION (Give kind of work rorking life, even if retired)	108. KIND OF 8US	INESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN O	F WHAT COUNTR
Housev	vife	HOUSEW	IFE	POLAND		POLA	ND
3. FATHER'S NAM	\E			14. MOTHER'S MAIDEN NA	AME		
Peter	*						
5. Wos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote	ces? 16.	SOCIAL SECURITY NO.	17. INFORMANT	1.111 1/1	- NC ADD	ATON AVE
No	NO		3-05-9013	ST.AGNES REC			
heort failure, o	al mean the mode of asthenia, etc. It means plication which caused .NTECEDENT CAUSES	the disease, deoth.)	DUE TO, OR AS	A CONSEQUENCE OF: TOS MELLITO	s .	Pengion	
	R CONDITIONS, if		(8)	A CONSEQUENCE OF:			
rise Ia Ihe	abave cause (A)		502 10, 511 115	A CONSEQUENCE OF			
UNDERLYING	CONDITION last.		(C)				
TO THE DEATH	II CANT CONDITIONS CO I BUT NOT RELATED TO T DODDITION GIVEN IN PAR	HE TERMINAL					
19A. DATE OF	OPERATION 198 CON WAS PER	DITION FOR WHIC	CH OPERATION	20 A. AUTOPSY? (Yes or h	10) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	SIDERED H?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. PLA home, fo	CE OF INJURY (e.g., i iim, foctory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Soltimor	re City, give exoc	t locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21 E. INJ While A Work	T Not While At Work	21F. HOW DID IN	JURY OCCUR?		
that 🕅 (we)	last saw the decease	ed alive an JA	NUARY 21,	ECEMBER 29,	hat in(XX (aur) api		
		ted abave. (💢 (W	e) (qiq) (q XqXxX/	iew the bady after death	•		+33
23A. SIGNATUI	REt					23 B. DATE SIG	NED

WILKENS & C 23D. ADDRESS CATON ST.AGNES (City, town, or county) Hely Resary Cemetery Baltimere, Md.

| 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR | George J. Gence-4001 Ritch ADDRESS George J. Gence-4001 Ritchie Hgwy., Baltimere 46 \$1-40-10 2 2 37 1911

TO TOYAG - L ZIL LI CALLINI L LI TV. SELEVI TEC | DESCRIPTION - L LI JE ZELVO . L.

T-460 W-452

3-4-68

68 1039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68 1039
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) DOROTHY TAYLOR (Williams	OF Estimoted January 24, 1	968 Hour 11:55 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)		968 11:55 P _M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution	residence before admission
Lutheran Hospital	A. STATE Maryland B. COUNTY	6-05
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	TY LIMITS?
Female Negro WIDOWED DIVORCED	1	s A NO
P. DATE OF BIRTH NOU. 16,1938 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours of Min.	2210 W. Lanvale Street	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A	John Murphy	
4A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTR done during most of working life, even ifretired) WAIT + CSS	Y 15. MOTHER'S MAIDEN NAME	15
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS
(Yes, no grunknown) (If yes, give war or dates of service) SECURITY NO. 213-31-7666	1 11 .	some
19. CAUSE OF DEA		APPROXIMATE INTERVAL
(50/N		BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY Mass:	ive subarachnoid hemorrhage	
LEADING TO DEATH (A)!MMEDIATE (CAUSE AS A CONSEQUENCE OF and brain conti	
(This does not mean the made of dying, e.g., DUETO, OR heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF: and brain conti	ASTORIS
injury or complication which coused death.)		
ANIVECEDENT CALIFEE		
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
Z UNDERLYING CONDITION LAST. (C)		• • • • • • • • • • • • • • • • • • •
Q =0011 0 II		
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	500 550 n n n n n n n n n n n n n n n n	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
The state of or a second part of the contract	AS PERFORMED	2) AUTOPSY2 (Yes or No)
51 <i>-</i>)	AS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
✓ 22A. EXTERNAL CALISE WAS 1228 PLACE OF INTERVO	in or about 22C. WHERE DID (if in Baltimore City, give exa	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or about 22C. WHERE DID (if in Baltimore City, give exa te bldg., etc.) INJURY OCCUR?	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office units) 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office units)	in or about 22C. WHERE DID (if in Baltimare City, give example bidg., etc.) INJURY OCCUR?	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	in or obout 22C. WHERE DID (if in Boltimore City, give exo to bidg., etc.) INJURY OCCUR? Unknown 22F. HOW DID INJURY OCCUR?	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) Unknown WORK Unknown	in or obout 22C. WHERE DID (If in Boltimore City, give exo to bidg., etc.) INJURY OCCUR? Unknown 22F. HOW DID INJURY OCCUR?	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) Unknown 23.	in or obout 22C. WHERE DID (if in Boltimore City, give exo to bidg., etc.) INJURY OCCUR? Unknown 22F. HOW DID INJURY OCCUR? WHILE YORK Presumably fell	Yes
222A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) Unknown 23. Certify that I held on Inquiry Inspection Au	in or obout 22C. WHERE DID (if in Boltimore City, give exo the bidg., etc.) INJURY OCCUR? Unknown 22F. HOW DID INJURY OCCUR? Presumably fell stopsy X ond that on this basis, death in my	Yes ct location) 0 0 - 0 0
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.) Unknown 1 certify that I held on Inquiry Inspection Auction ACTUAL	in or obout 22C. WHERE DID (If in Boltimore City, give exo to bidg., etc.) INJURY OCCUR? Unknown 22F. HOW DID INJURY OCCUR? Presumably fell Itopsy X ond that on this basis, death in my de Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	Yes ct location) 0 0 - 0 0
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) Unknown 1 certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suici- ACTUAL SIGNATURE 22B. PLACE OF INJURY(e.g., street, office hame, form, foctory, street,	in or obout 22C. WHERE DID (If in Boltimore City, give exo to bidg., etc.) INJURY OCCUR? Unknown 22F. HOW DID INJURY OCCUR? Presumably fell Itopsy A ond that on this basis, death in my de Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	Yes ct locotion) O O O O opinion DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) I certify that I held on Inquiry Inspection Accident Suici- resulted from: Natural reuses Accident Suici- ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. NAME (Type)	in or about 22C. WHERE DID (if in Boltimore City, give example bidg., etc.) Diknown 22F. HOW DID INJURY OCCUR?	Yes ct locotion) O O O O
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) I certify that I held on Inquiry Inspection Accident Suici. ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. NAME (Type) 22B. PLACE OF INJURY (e.g., street, office) home, form, foctory, street, office where the complete of the compl	in or about 22C. WHERE DID (if in Boltimore City, give example bidg., etc.) Diknown 22F. HOW DID INJURY OCCUR?	Yes ct locotion) O O O O opinion DATE SIGNED
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22A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) Unknown 1 certify that I held on Inquiry Inspection Accident Suici. ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) BUY 1 ALL 22B. PLACE OF INJURY (e.g., sheep, office) home, form, foctory, street, office home, form, foctory, stre	in or obout 22C. WHERE DID (if in Boltimore City, give exo in in or obout 22F. How DID INJURY OCCUR? WHILE Presumably fell Interpretation of the presumable fell Interpreta	Yes chlocotion) O O O O opinion DATE SIGNED ary 25, 1968
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22A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) Unknown 1 certify that I held on Inquiry Inspection Accident Suici. ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) BUY 1 ALL 22B. PLACE OF INJURY (e.g., sheep, office) home, form, foctory, street, office home, form, foctory, stre	in or obout 22C. WHERE DID (if in Boltimore City, give exo to bidg., etc.) INJURY OCCUR? WHILE Presumably fell stopsy ond that on this basis, death in my de Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Janu. or CREMATORY 24D. LOCATION (City, town DA Homicide) 25C. FUNERAL DIRECTOR	Pes ct locotion) O O O opinion DATE SIGNED ary 25, 1968 I, or county) (State)

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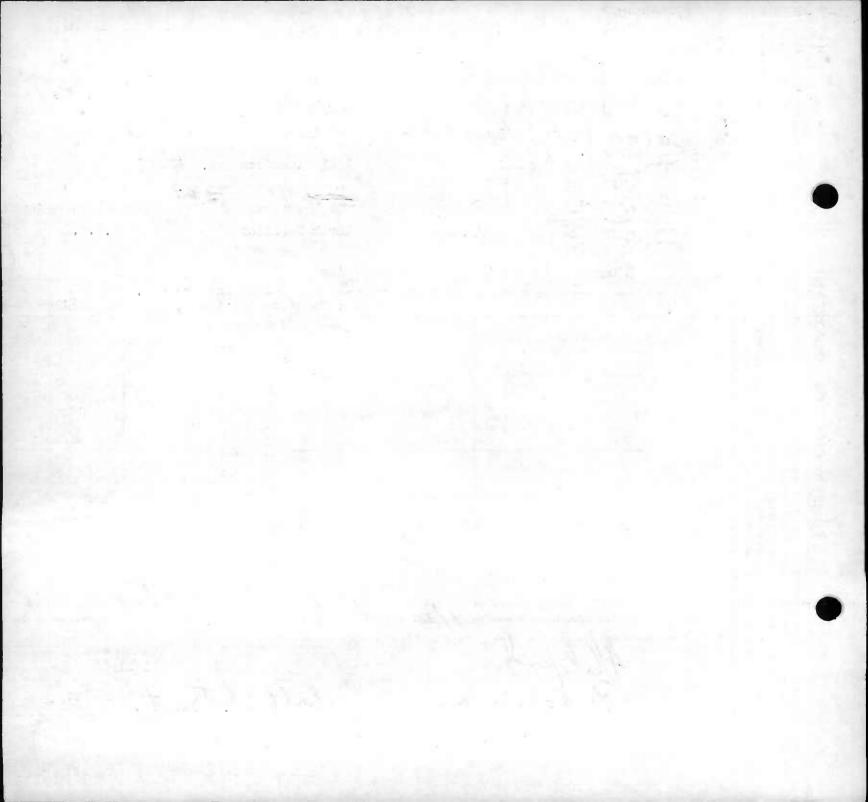
IMPORTANT

DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE AND HOUR OF DEATH 00 ype or Print) am 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland HOSPITAL OR ADDRESS OR LOCATION) C. CITY OF TOWN D. INSIDE CITY LIMITS? Baltimore NO E. STREET AND NUMBER 940 Eastern 1821 Edmondson Ave. Saltimore Maryland # AGE (In years If Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED Hours lost birthda WIDOWED A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? one during most of working life, even il retired) U.S.A. North Carolina 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME Edward Ann 5. Was Deceased Ever in U. S, Armed Forces? ADDRESS 17. INFORMANT 4940 Eastern Ave. es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Baltimore, Maryland #21224 BCH: Records CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY While At Not While [(APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from and that in (my) (aur) apinian deoth accurred an the date that.(1) (we) last sow the deceased alive on. and haur and from the causes stated obeve. (1) (We) (did) (did nat) view the body ofter death. 23 B. DATE SIGNED 23A. SIGNATURE Attending | 1/21/68 Med. Staff Director L Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 4940 Eastern Ave. Baltimore. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION REMOVAL (Specify) ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/6B



11,		68	1041	FDICAL	BALTIMORE CITY EXAMINER'S	HEALTH DEPA	RTMENT	DEAT		(0	4044
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	4				ONOUNCED DEAD	3. DATE		Month	Doy Doy	Yeor	Hour
		ULL NAME OF OSPITAL	(IF NOT IN HOS	SPITAL OR INST	ITUTION, GIVE STREET	PRONO	UNCED DEAD	January	23, 19	68	9:45 A.
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	7 6	SEX	7. RACE		IED NEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?	
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		IO THE DEA	IFICANT CONDITIONS							01.	
		DISEASE OR	CONDITION GIVEN								//
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		UTING CA	USE OF DEATH.								
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		EXAMIN	MCTHCT	U. Spi	£2, M.D.	ASS	OCIATE MEDICAL	EXAMINER		1/	23/68
		4A. BURIAL CREA	ype)		PAC. NAME of CEMETE	RY or CREMAT	ORV Isan	LOCATION	(City, town,		
		EMOVAL (Specif		00/0	D S	- n A	240	1-1	1	C. County)	
		Buch	/	+7-65	12/1101	Clul		Dal	W	1	rel
	2		BY HEALTH DEPT.		AME OF REGISTRAR	25C.	FUNERAL DIREC	TOR	AD	DRESS	
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	V	S 151-REV. 1/1/68				1	10				7

Chetago Batanii arası

IMPORTANT FUNERAL DIRECTOR:

the chief medical examiner

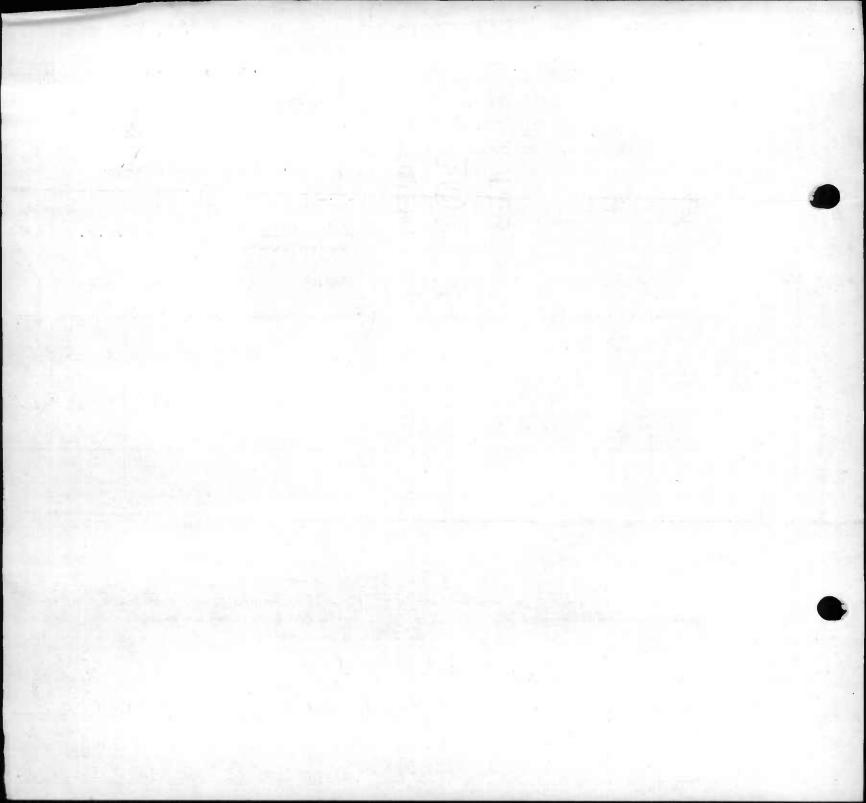
This certificate must be approved by

or his assistant if death

50		HEALTH DEPARTMENT REG NO. 68 1042				
-33	BIRTH NO. 68 1042 CERTIFICA	TE OF DEATH REG. NO. 1042				
sed the the	BIRTH NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH				
S	Nannie E. Buchanan	Jan. 23, 1968 6,1791 M.				
+ 0 <u>+</u>	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
ng cause of cause; (5) Dec attendance o ior to death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland c. CITY OR TOWN D. ANSIDE CITY LIMITS?				
se; end to	1112 N. Stricker Street	Baltimore YES NO				
atte ior	Baltimore, Maryland 21217	E. STREET AND NUMBER				
	-azozmoro, -azyzana z z z	1112 N. Stricker Street				
ned ned lar d pr	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.				
rmined egular ased p	Female Negroid WIDOWED DIVORCED	7-23-73 lost birthdoyl Months Doys Hours Min.				
te te	10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) A 12. CITIZEN OF WHAT COUNTRY?				
s in de		Virginia U.S.A.				
Un Uns osit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
direct 1; (4) Ur th was on the disposi						
kind; (videath	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS				
the c kind deat nce o final	no	Alice Diego 2701 Divisil Avenue				
any ced ndar	18. 4 10 9 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
lso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY					
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dio ysi m ×	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ph)	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (A).					
a mody he p sicia	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
by a 1 2) Body e the physici	ER O					
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i) OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21C. WHERE DID (If in Baltimore City, give exact location) (Injury OCCUR?				
ospita nture; ot whe (6) No	D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
he hospi ny nature except w and (6) P	OF INJURY While At Not While	e C				
d G a	(APPROS) Work At Work					
U	22. I certify that (I) (this haspital) attended the deceased fram	12-10- 1967 to 1-26 1968,				
0	that (1) (we) last saw the deceased alive an 1 - 2 3	198 and that in(my) (aur) aplnian death accurred an the date				
00-	and haur and fram the causes stated abave. (1) (We) (did) (did nat) v	riew the bady after death.				
dent dent lospit deat must	23A. SIGNATURE	23B. DATE SIGNED				
a to a	DIM COND COMM WY 1 NO DEGREE Phy					
An a L at a prior	23 C PHYSICIAN'S NAME (Type)	230. Appress				
	JOHNET CAMPER, M.D. DEGREE	10 39 1. Javay St., Pallmore, Mae				
	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRI	EMATORY (City, town, or county) (Stote)				
ws: (ws. D.C.	Burial 1-27-68 New Catheral	Cemetery Baltimore, aryland				
the b show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS				
the sho wa dec	TOURS C. Tackey Mile	[elson uneral Home 1348 alhoun St.				

VS 150-REV. 1/1/68

Burial 1-27-68 New Catheral Cemetery Baltimore, aryland
25A. DATE RECOMPLY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
Celson funeral Home 1348 alhou elson Juneral Home 1348 alhoun St.



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

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3.	PLACE IN BALT	TIMORE MAR	YLAND, WI	ERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	TY		efore odmissian)
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15. (Ye:	Was Deceased s, no or unknown)	Ever in U. S.	Armed Forc	es?	16. SOCIAL SECURITY NO.	17. INFORMANT	DAG	ADDRES	5
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	DISEASE OR C	ONDITION GIV	EN IN PART	1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B, IF YES. WER	E FINDINGS CONSIDI	ERED
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CALC	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	ERLYING [] SE OF iner)		ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Baltin	nare City, give exoct loc	otian)
MEDI	21 D. TIME OF INJURY	(Month) (Do	y) (Yeor)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
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					the deceased fram		9 08 to J		19 65 ,
	that (I) (we)	last saw the	deceased	alive an	JAN 19	19 68 and the	at in(my) (aur) a	pinian death accurr	ed on the date
			uses state	ed abave. (1) (We) (did) (did nat)	view the body after death.			
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	22 C BHYCICIA	na	Fre	en	OEGREE Phy	s. L. Director L.	Phys.	fin so	5,1908
	23 C. PHYSICIA NAME (T	ype)	1		DEGREE	ANATONI DO.	ATD OF A	RYLANI)
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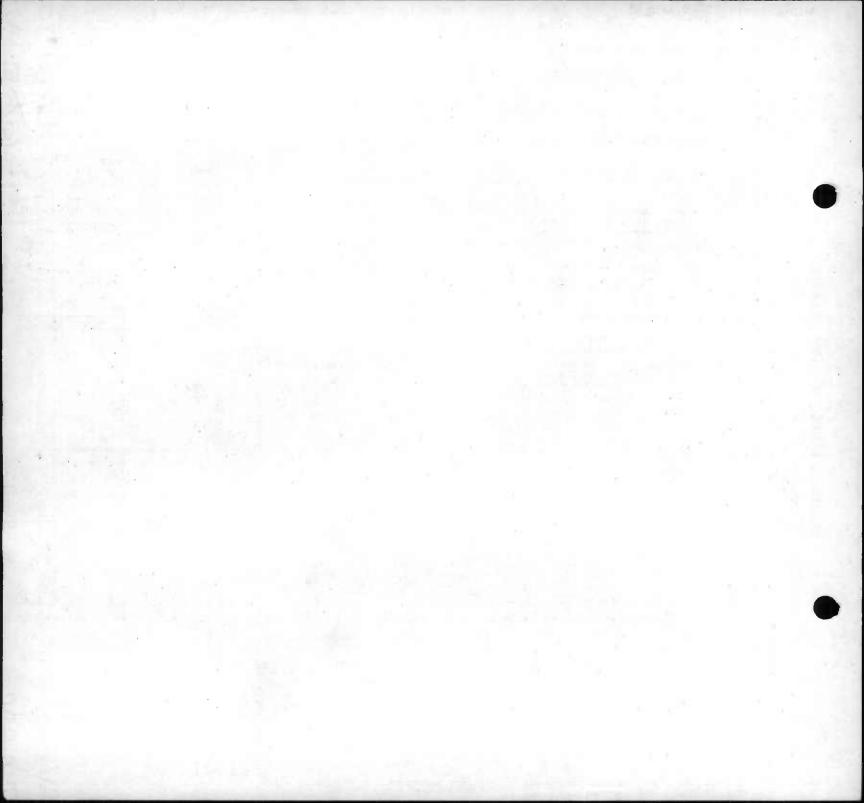
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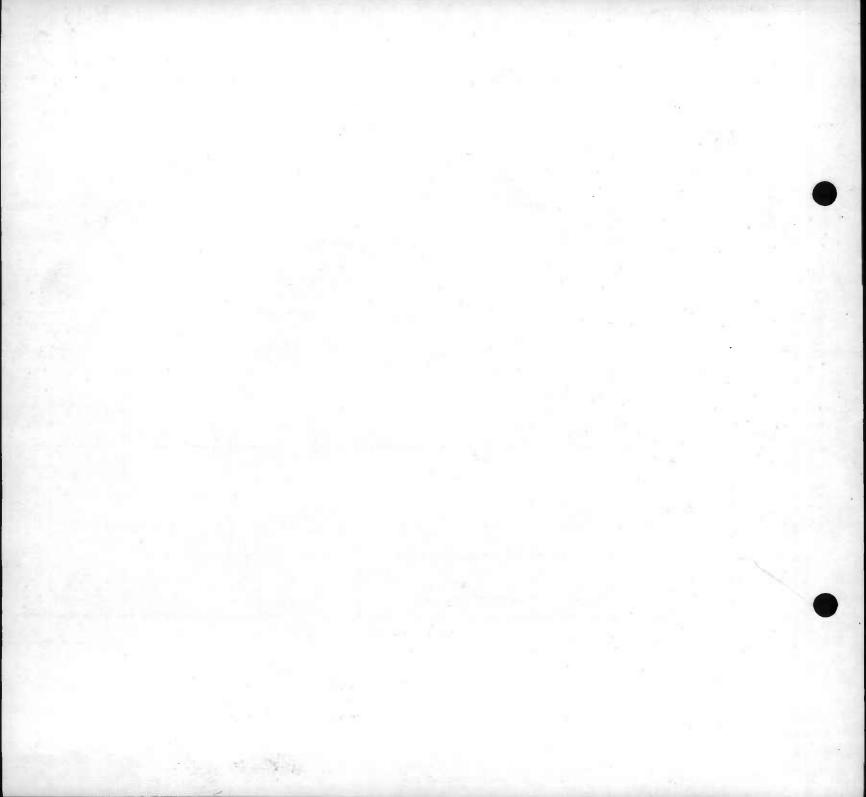
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Name of		0		BALTIMORE CITY	HEALTH DEPAR	RTMENT		68	1044	1/
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	H NO. 67-) 102	2 CERTITION						
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3. P		TIMORE, MARYLAND, V	WHERE PRONO	JNCED DEAD	4. USUAL RESID	B. COUN	e deceased tived. If	institutian: res	idence befare a	dmissian)
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5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years lost birthday)	If Under Manths	1 Yr. If Unde	r 24 Hrs. Min.
		NEANOC	WIDOWED	DIVORCED [12-13	-67	4	1	5 -	_
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done	Outring initial of	working the, even it remody	-		MA	my con	nd	4	1.5.A.	
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15. V	Vas Decease	d Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT	-		7	ADDRESS	
ires	, iiu ui unkndwi	yes, give war ar do	es di service)	SECURITY NO.	a Asen	A	FLeasina	. Mi),	
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		nat mean the made a , asthenia, etc. It mean		DUE TO, OR AS	A CONSEQUENCE	OF:				
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		F OPERATION 198. CO		WHICH OPERATION	20 A. AUTOPS	Y? (Yes ar Na	10 20B. IF YES, WERE	FINDINGS AUSES OF D	CONSIDERED	
CEL		ENT WAS UNDERLYING		PLACE OF INJURY (e.g., i	n ar about 21 C. W	HERE DID	(If in Baltim	are City, give	exact lacation)	
AL		UTING CAUSE OF y medical examiner)		e, farm, factory, street, o	ffice bidg., INJUKY	OCCUR?				
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	and hour ar	nd from the causes st	ated above. ((We) (did) (did not)	view the bady o	fter death.				
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	Da	my A. de	emin	3 M. C. Atte		ed. irectar	Staff Phys.	1-	18-6	8
	23C. PHYSICI	AMSV Type)	~	Jeonee	23 D. ADDRESS		44			
	a Ax		esira,	H.D. DEGREE	LAIVER	4173	Hosp. 12	F 17 7 4	A254	
24A	BURIAL CR	EMATION, 248. DATE		AME of CEMETERY OF CR	EMATORY ITA	24D. L	OCATION	City, town, to	county)	(State)
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25A	DATE REC'I	D BY HEALTH DEPT.	0 0	OF REGISTRAR	25C. FUNERA	DIRECTOR	AT DIOD	TADO	ADDRESS	
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

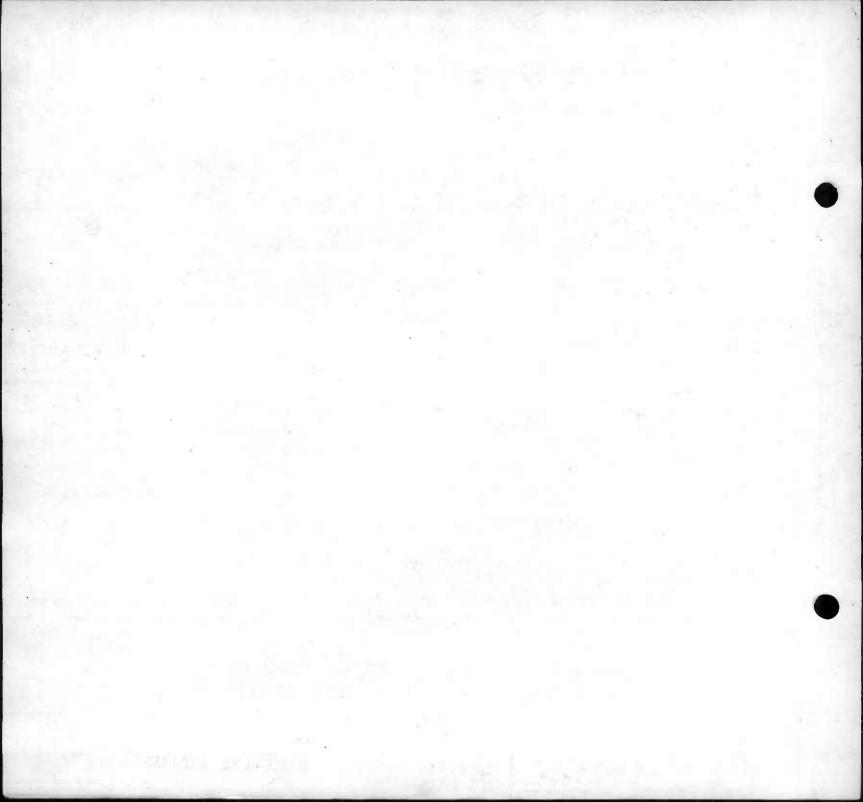
1	7-300	BALTIMORE CITY	HEALTH DEPARTMENT		68 1045
1	HNO. 48-1169 68 11	045 CERTIFICA	TE OF DEATH	REG. NO.	00 1040
1. N	AME OF DECEASED	- 10		D HOUR OF DEATH	
(Тур	e or Print) B. B. Kedd		45	11-12	88 430 P M.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If in TY	stitution: residence before admission)
FUI	L NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	md		14-06
INS	SPITAL OR ADDRESS OR LOCATION) TITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
V,	Univ. Hosp		E. STREET AND NUMBER		YES NO
	XIIII - Hosp		1610 A	Druid St	ell Ave
S. S	6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	m Widov		In District A CP (C)		12
	USUAL OCCUPATION (Give kind of work) 10B. KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	4	gn country)	12. CITIZEN OF WHAT COUNTRY?
			Bid.		454
13. (Able man (Pall		14. MOTHER'S MAIDEN NAM	Libs.	on
	Was Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	0000	ADDRESS
(Tes	,no orunknown) (If yes, give wor or dotes of servi	SECURITY NO.			
	18. 7 7 7 1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			1.	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	ISE Prematu	uty	12-hrs
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	0	
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, if any, girnise to the above cause (A) stating	3	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C)			
	776 X II				
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
< □	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F		20A. AUTOPSY? (Yes or No	208 IE VEC WEDE	EINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	OK WHICH OFERATION	200. AUTOPSI (Tes of the	IN CERTIFYING CA	USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(It in Boltimor	re City, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medicat examiner)	home, farm, foctory, street, of etc.)	fice bidg., INJURY OCCUR?		
DIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
WE	OF INJURY (APPROX.)	White At Not Whil	e 🗂		
		Work At Work		10 # 2	1-21 :10
	22. I certify that (I) (this hospital) attend			19 & 8 to	19.5
	that (1) (we) last saw the deceased alive			at in (my) (aur) apl	nian death accurred an the date
	and hour and from the causes stated abov	e.([])(We) (did) (didinot) v	riew the bady after death.		DOD DATE CIGNED
	23A. SIGNATURE	tein M. D. Atte	ending Med.	Staff Phys.	238. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	APD OF M	ARVIAND
011	PURIAL CREMATION OF THE	OEGREE	201	THE OF MAIN	MILAND
24 A	BURIAL CREMATION, 248. DATE 24 FEMOVAL (Specify)	C. NAME of CEMETERY of CRI	TOTALS HOPAIN	3 MEDIC	ity town or county) (Slote)
2SA	JAN 26 1968 The Let 258 NA	TO DRY MA	25C. FUNERAL DIRECTOR	AL DISPOS	SAL
L	100 PEV 1/1//P				



FUNERAL DIRECTOR: IMPORTANT

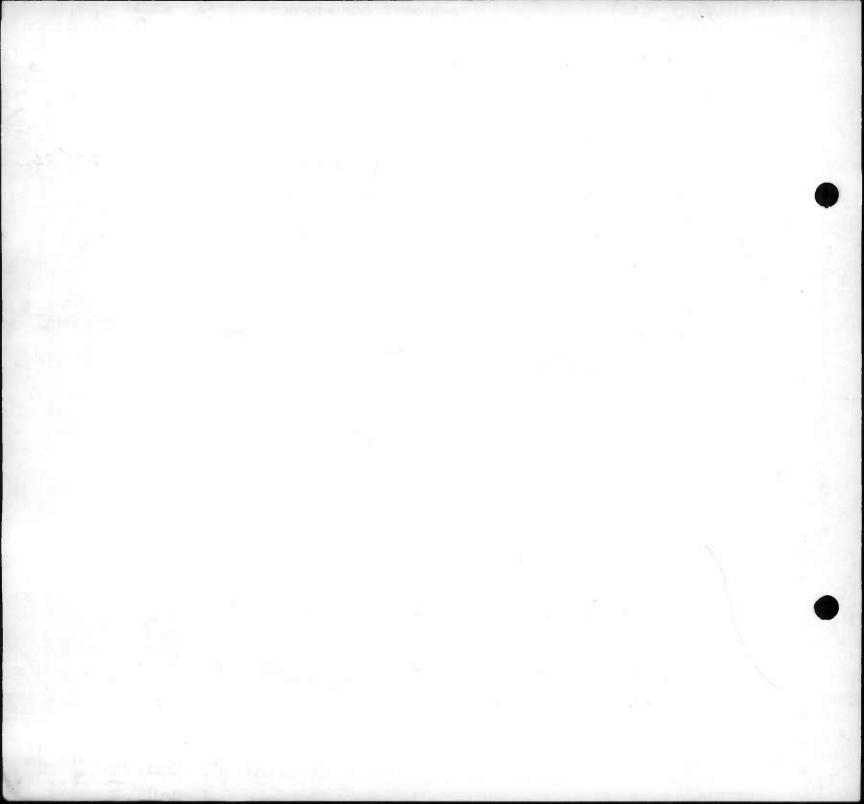
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such VS 150-REV. 1/1/68

B-550		Y HEALTH DEPARTMENT		68 1046
BIRTH NO. 68 1	046 CERTIFICA	ATE OF DEATH	REG. NO	00 1040
1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	PARRET	2. DATE AN	A.M I C	1/68 N
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUN	AMDEH S	n = 0/1
UNIVERSITY HOSPITA	1) Days DE M	BALTO	D. INSIL	YES NO
	*	3/2 00 0	amorn ?	<i>s</i> †
PA A	RIED NEVER MARRIED WED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN		Y 11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTR
done during most of working tife, even if retired)		MCHOW	1-4	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
OKKHOWH		UHKHOW	M.	
15. Wos Deceosed Ever in U. S. Anned Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of serv	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	SECONIII IIO.	MRS BOTH CH	3 - 32A+	SALTO. CITY HOS
18.038.91	CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OF CONDITION DIRECTLY		01		200
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CA	USE Shock		32 HRS
heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
injury or complication which caused death.)		. 01	1-1	
ANTECEDENT CAUSES	(B)	mo, Tychon	munda	
DISEASES OR CONDITIONS, if any, gi	9	S A CONSEQUENCE O	•	
UNDERLYING CONDITION last.	(c)			
2053,4 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		*************************************		
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(tf in Baltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Wh Work At Work	k j		
22. I certify that (I) (the hospital) ottend	ed the deceased fram	1/7	19 6B 10 1	19 68
that (1) (p) last sow the deceased alive and hour pnd from the causes stated above			at in (my) apin	ian death occurred an the do
23A. SIGNATURE		The state of the s		23B, DATE SIGNED
4. + P Serva		tending Med. Director	Staff Phys.	1/9/18
23C. PAYSICIAN'S NAME (Type)	DEGREE	ANATOMY B	OARD OF N	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C.NAME of CEMETERY of C	REMANDEN NS 12300	PEATION TELECTION	town, or equily (Stote)
25A. DAYE REC'D BY HEALTH DEPT. 25B. NA. 2 C. 2. 6 2.	ME OF REGISTRAR	25C. FUNER HOSPT	TAL DISPO	SAL ADDRESS

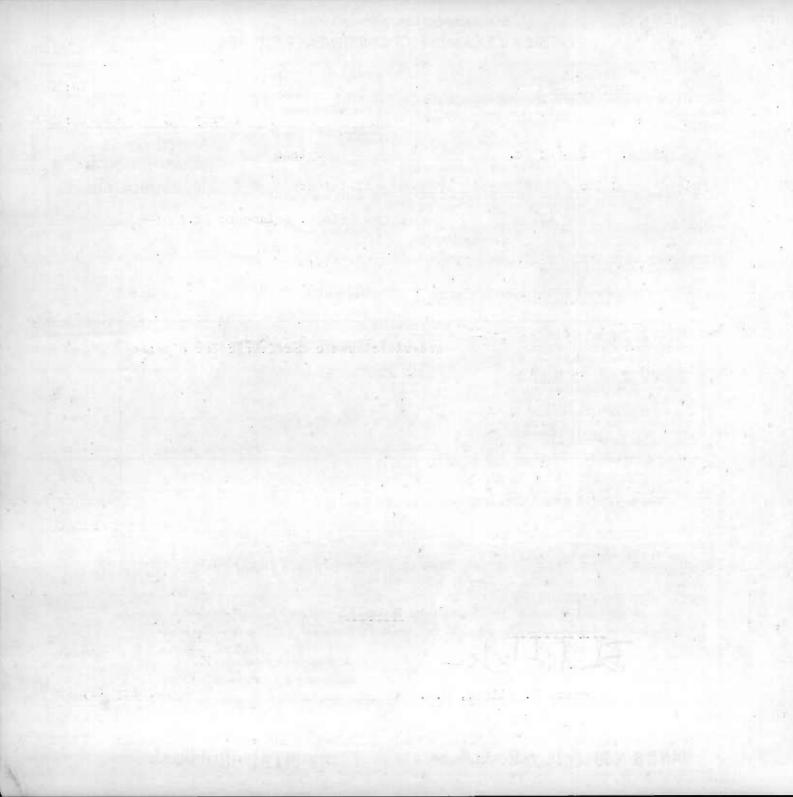


VS 150-REV. 1/1/65

-	F-432 BALTI	MORE CITY	HEALTH DEPARTMENT		68 1047
BII	1047 CFR	TIFICAT	TE OF DEATH	Registered No	1471 OO
1	.E CASE NO.			D HOUR OF DEATH	
(T	pe or Print) Josephine Fletc	600	1	tn 1968	400 1.
- 11	PLACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission)
			A, STATE B, COUNT	7 7	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or tocotion)	- 11	C. CITY OR TOWN ((f out	rido city limite unito 911	PAL and give lawaship
	INSTITUTION	1	Balt.	side city lillins, while ko	XXL ond give igwishing
12	University Horpt.		D. STREET ADDRESS ((f)	uiol, give (ocotion)	10 0
			956 7	manplin	St. 2 nd Flow
5.	SEX 6. RACE 7. MARRIED, NEVER MAI	RRIED B	B. DATE OF BIRTH	AGE (In years / 9	If Under 1 Yr. If Under 24 His.
:	F N WIDOWED, DIVORCED		unknown	ost birthdoy) 64	Aonths Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS O		1. BIRTHPLACE (State or foreig		12. CITIZEN OF
do	ne during most of working life, even if retired)				WHAT COUNTRY?
13	FATHER'S NAME		4. MOTHER'S MAIDEN NAM	AF.	Michian
	/		4		
1	Mikow		unhan	~	
(Y.	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) ((f yes, give wor or dotes of service) 16. SOCIAL SECURIT	Y NO.	7. INFORMANT		ADDRESS
	unham	and the same of th	Jugayor man	ian Worth	as Eame
	18.4/0,9	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	131	0 - 0		7
	(This does not mean the mode of dying, e.g.,	(A) M	journal i	farlin	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)	501.0			
	ANTECEDENT CAUSES	(B) anter	io-rebrotii a	melio varado	?
	DISEASES OR CONDITIONS, if any, giving	DUE TO		devine	**************************************
	rise to the obove cause (A) stating the	(C)			
	UNDERLYING CONDITION last.				
	420./ II				
NOITAC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		(
2 2	DISEASE OR CONDITION CAUSING IT. 194-DATE OF OPERATION 198. CONDITION FOR WHICH OPER	ATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
FRTE	None WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
	1 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF I	NJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
1	DEATH (notify medico(examiner) A / C etc.)	oly, street, offi	ce bldg., tNJURY OCCUR?		
ılla	21 D. TIME (Month) (Doy) (Year) (Hour 21E INTURY OC	CURRED	21F. HOW DID INJU	JRY OCCUR?	
¥ ×		Not While			
	Work	At Work	Jan	. 16. 6	Tax 1068
	22. I certify that (I) (this hospital) attended the decease			968 10 6	Jon 1968 and death accurred an the date
		9		it in(my) (aur) apini	an death accurred an the dot
	and hour and from the couses stated above. (We) (did)	(did not) vi	ew the body ofter deoth.	lo lo	OD DATE CICNED
	0.0.1	M.D. Atten	ding Med.	Stoff 2	3B. DATE SIGNED
	Tronus Di Nram	M.D. Atten		Phys.	65 on 1968
	23C. PHYSICIAN'S NAME (Type)	23	3D. ADDRESS		
	Francis O. Orak.	e M.D.	meneral	Ju May	VT.
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	ETERY of CREA	WATORY WILL TO WATORA	ACKIDA OF MA	(Stote)
	1-18-68	1	INIVERSITY A	AFRICAL S	CROOL
25	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAL	t	25C. FUNERAL DIRECTOR	T DICTORY	DDRESS
	JAN 26 1968 Role & E. tarkyna		HUOTITA	T DIOLOGA	L



1	E-35	0				BALTIMORE CITY HE							
	RTH NO.		MED	ICAL	EX	CAMINER'S	CE	RTIFIC	ATE OF	DEAT	H REG. NO.	68	1048
_	NAME OF DEC	EASED					12.	DATE	Known K	Month	Day	Year	Haur
	pe ar Print)		TEA MONT				-	OF	Estimoted	1	17	68	10:15 a _M
4.	PLACE IN BALL		EATON RYLAND, W	HERE PRO	ONO	UNCED DEAD	3.	DEATH		Manth	Dov	Year	Hour
FUI	LL NAME OF	(IF NO	IN HOSPITA	L OR INSTIT		N, GIVE STREET			NCED DEAD	_			
	SPITAL INSTITUTION	ADDRE	SS OR LOCAT	IION)			5	HEHAI DE	IDENICE (M/han	Janua			8' 10:15 a _M
1	0							. STATE	NDEIACE (Mile)	e decedsed in	B. COUNTY	. residence	before odinission)
1		W. Fai			_				ryland		To make a		Karl
0.	SEX	7. RACE			_	NEVER MARRIED	1	CITY OR T	OWN		D. INSIDE CI		0 - 1
_	[ale	Colo		WIDOWE				Balti			YE	s X	NO 🗆
9.	DATE OF BIRTH	1	10. AGE (In last birthday			der 1 Yr. If Under 24 Hrs. Is Doys Hours Min.	E.	STREET AN	ND NUMBER				
			60					866	W. Fair	nount S	St. Are		
11.	BIRTHPLACE (S	tate ar fareig	n country)	1:		TIZEN OF HAT COUNTRY?	13	. FATHER'S		-			
	USUAL OCCUI e during mast of w			4B. KIND	OF B	USINESS OR INDUSTRY	Y 1.5	5. MOTHER	S MAIDEN NA	ME			
	WAS DECEASE s, na or unknown)					17. SOCIAL SECURITY NO.	18	. INFORM	ANT		AC	DDRESS	
	19. 4/8	2.91				CAUSE OF DEA	TH				- : :		PPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease									se			
		LEADING TO				(A)IMMEDIATE							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,												
	injury ar camplication which caused deoth.)												
	ANTECEDENT CAUSES (B)												
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A							A CONSEQ	JENCE OF:				
-	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)												
Ó	4/ 5 5 /					(C)							
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMIN		(88000000000000000000000000000000000000			State	hands divines for security to the total of t	d-1		
ERTI				, ,	OR V	VHICH OPERATION W	AS	PERFORME	D			21. AUTO	PSY? (Yes or No)
	1											D.	artial
X		VAL CAUSE		2:	2B. P	LACE OF INJURY(e.g.,	in	or obaut 22	C. WHERE DID	(If in Boltimo	re City, give exo		artrar
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TH.	h		farm, factory, street, affic	e bl						
2	OF INJURY	Month) (D	ay) (Year) (Hour)		E.INJURY OCCURRED			F. HOW DID IN	JURY OCC	UR?		
	(APPROX.)			n	n. W	ORK NOT							
	23.				1								
	l certi	ify that I h	eld on Ir	nquiry		Inspection PAu	top	sy X	and that on t	his bosis,	deoth in my	opinion	
	resulted from: Notural couses Accident Suicide Homicide Undetermined manner												
CHIEF MEDICAL EXAMIN								EXAMINER			DATE CICNED		
	ACTUAL	IDE JA	and a	J-W	N		,	ASSIST	ANT MEDICAL	EXAMINER	XX		DATE SIGNED
	SIGNATU					M.D		ASSOC	IATE MEDICAL I	EXAMINER			
	NAME (T		dward	F. Wi	1sc	on, M.D.					Jan	uary	17, 1968
	A. BURIAL CREA	MATION, 2	4B. DATE	24		NAME of CEMPTERY	år	CREMATOR	Y 3 / A 24D	LOCATION			
KE	MOVAL (Specif	٧)	1-23	-68		2 - 1 1		- OITA A					
25	A. DATE REC'D	BY HEAITH I	FPT	25R NIA	ME	OF REGISTRAR	1	TO CE	INDRA HIDECT	CAL	SCHO	DORESS	
-			00	1	- The state of		9 0	2007	OCTITUE	T DIG			
	JAN 2	0 1300	Uble	Mc.	10	erberna		H	USPLIA	שות יו	POSAL		



11 25	5 68	104	19 BAL	TIMORE CITY HE	ALTH DEP	ARTMENT				
M-73				MINER'S			F DFA	ГН	68	3 1049
BIRTH NO.	7412		. L//~	MIII YERO	SEI(111	CAILO	I DLA	H REG. NO.	00	7040
1. NAME OF DEC	CEASED				2. DATE	Known 🗆	Month	Day	Yeor	Hour
(Type or Print)	WILLI	AM MC			OF DEATH	Estimated [
	TIMORE, MARYLAND,				3. DATE	DUNCED DEAD	Manth	Day	Year	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST	TITUTION, (SIVE STREET		PESIDENCE (Wh		y 12, 19		7:55 P.
00	1426 Argy1	e Aver	nue		A. STATE	Mary1		B. COUNTY		11.07
6. SEX	7. RACE	8. MARR	IED N	EVER MARRIED	C. CITY C	RTOWN		D. INSIDE C	ITY LIMITS	
Male	Negro	WIDOW	VED 🗌	DIVORCED		Balti	more	Y	ES K	NO 🗆
9. DATE OF BIRT			If Under	Yr, If Under 24 Hrs.	E. STREET	AND NUMBER				
	last birthd		Manths L	Doys Hours Min.		1426	Argv1e	Avenue		
II BIRTHPLACE (S	State or foreign country)	43	12. CITIZ	EN OF	13. FATHE	R'S NAME	67			
	, , , , , , , , , , , , , , , , , , ,			T COUNTRY?						
	PATION (Give kind of war		OF BUSI	NESS OR INDUSTR	Y 15. MOTH	IER'S MAIDEN N	IAME			
6. WAS DECEAS	ED EVER IN U.S. ARMI	D FORCES	5? 17.	SOCIAL SECURITY NO.	18. INFO	RMANT		A	DDRESS	
res, no or unknown	(If yes, give war ar date	s or service	'	SECORITY NO.						
19. // /	0 0			CAUSE OF DEA	TH					APPROXIMATE INTERVA
4/0	(17 I					tic cardi	01100011	lan dian	BE	ETWEEN ONSET AND DE
	E OR CONDITION DIR	ECTLY		ALLELIO	sciero	LIC Cardi	ovascu.	tar urse	256	
	LEADING TO DEATH			(A)IMMEDIATE	CAUSE					
(This does r	at mean the made of a , asthenia, etc. It meons t	lying, e.g.,				QUENCE OF:				
injury or cor	injury or complication which caused death.)									
	NTECEDENT CAUSES	AV CIVING		(B) DUE TO, OR	AS A CON	SEQUENCE OF:				
RISE TO TH	OR CONDITIONS, IF AI E ABOVE CAUSE (A) SI	ATING THE		202 10, 01		regulation of .			25	
UNDERLYII	NG CONDITION LÁST.			(C)						
9 42 2 2	11								-	
OTHER SIGN	IFICANT CONDITIONS									
DISEASE OF	ATH BUT NOT RELATED T									
	F OPERATION 20B. CO			CH OPERATION W	AS PERFO	RMED			21. AU	TOPSY? (Yes ar Na
Ö										Yes
₹ 22Å. FXTER	NAL CAUSE WAS		228 DI AC	E OF INJURY(e.g.,	in ar about	22C WHERE DI	D /If in Rollin	ass City sive av	act location	
UNDERLYING	GOR CONTRIB-	701	hame, for	m, factory, street, office	e bldg., etc.	INJURY OCCUP	??	idie City, give ex	aci iocaliai	"7
B UTING □ CA	USE OF DEATH.									
≥ 22D. TIME OF INJURY	(Manth) (Day) (Ye	ar) (Hau	r) 22E.11	VIURY OCCURRED		22F. HOW DID	INJURY OC	CUR?		
(APPROX.)			m. WHILE		WHILE WORK					
23.			III., WORK	<u> </u>	TORK					
l cer	tify that I held an	Inquiry	Ins	spection Au	topsy X	ond that o	n this basis	, deoth in my	opinion	
		-				Homicide		nined manner		
resul	ted from: Notural co	A A	Accid	lent Suici	LJ 90					
ACTUAL	010		1	1		CHIEF MEDICA				DATE SIGNED
SIGNAT	1 11 - 1	2	02	M.E	O. AS	SISTANT MEDICA	AL EXAMINER	₹ LX		
EXAMIN	ED.C		1 00 00 000			SOCIATE MEDICA	AL EXAMINER			12 1000
NAME (CHALLE	S D. S	pring	gate, M.D.	MAT	MAY DO	LDD-C	Jar	luary	13, 1968
24A. BURIAL CRE			24C. N	AME of CEMETER	dr CREMA	JON I DU	相 POLATIO	H' MAK	n or con	(Stote)
REMOVAL (Spec	ify)	2-18								

UNIVERSITY MEDICAL SCHOOL
25C. FONERAL DIRECTOR DISPOSAL

1-23-68

25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR

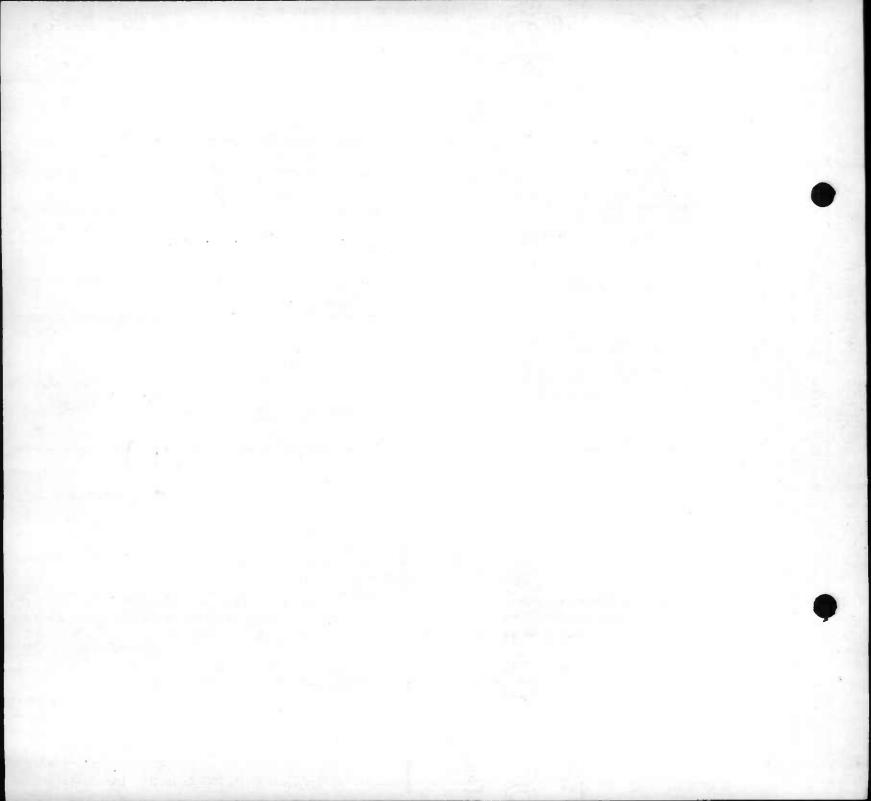
7 300	BALTIMORE CITY HEALTH DEPARTMENT 68 - 1050
68 1050	CERTIFICATE OF DEATH
BIRTH NO.	
Type or Print) Trvin Boy &	2. DATE AND HOUR OF DEATH 1/33/68 150 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRODOUN	CED DEAD 4. USUAL RESIDENCE (Where decoased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
University of Maryland	Hospital E. STREET AND NUMBER
	NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
5. SEX 6. RACE 7. MARRIED WIDOWED	DIVORCED 10 10 00 tost birthday) Months Doys Hours Min.
done dring most of working life even if retired)	USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Bo	fd Marrie?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 17. INFORMANT ADDRESS
	Medicae 212 09 7768A
18. 250,91	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	WIMMEDIATE CAUSE Brain Stem Inforction 2 months
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSEQUENCE OF:
injury or camplication which caused death.)	A \ / /
ANTECEDENT CAUSES	(B) Arterioscherosis VIS
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last.	(c) Produces ome (11711)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL J DISEASE OR CONDITION GIVEN IN PART 1 (AL).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 199B. CONDITION FOR WHWAS PERFORMED	IICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21 A ACCIDENT WAS UNDERLYING 21B. P	ACE OF INJURY (e.g., in or about 21 C. WHERE DID (If In Boltimare City, give exact location) farm, factory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, II	NJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While	At Not While At Work
22. 1 certify that (1) (this haspital) attended the	deceased from 1/2 19 05 to 1/23 19 65.
tha (I) we) last saw the deceased alive an	1/23 14 68 and that in (my), (aur) apinian death accurred an the date
and haur and from the causes stated abave (1)	We ((did) (did nat) view the bady after death.
23A. SIGNATURE	Attending Med. Stoff X 238, DATE SIGNED 1/23/68
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	DEGREE AE PL CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Pura 27/68 W	it () But on!
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
JAN 26 1968 Obles & ta	1. Brooks Muggal 1463 1, Carey St
VS 150-REV. 1/1/68	

7. Berelo Vargali 1963 B. Bray No

Charles Co mid Edward Farmer Ellew ? Ratores 319-10-74 the Meloute 112 Course The Burial Joseph Pat Caloury British Butternere 7 /2

	written approval must be obtained before the remains are embalmed or final disposition is made.
1	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such 👝
	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
	This certificate must be approved by the chiet medical examiner or his assistant it death occurred in a hospital and

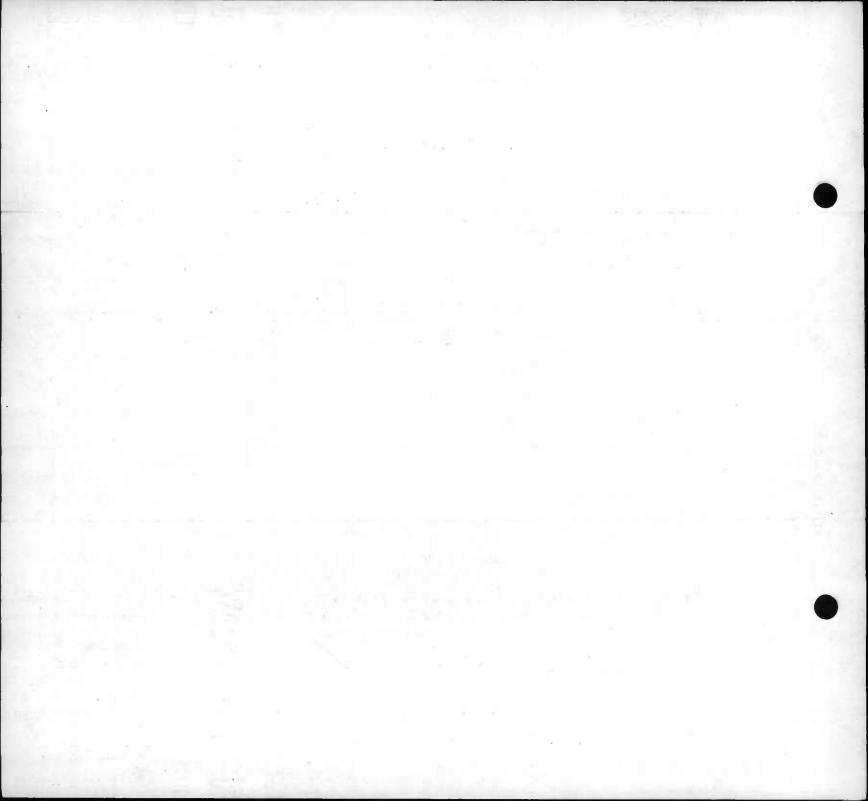
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) HOPKINS USIIAL RESIDENCE (Where deceased lived, If institution; residence before admission 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D INSIDE CITYTIMITS BALTIMORE 21218 YES D NO INMON MEMORIAL GOSPITAL E. STREET AND NUMBER 4201 GREENWAY 5. SEX 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED
NEVER MARRIED
□ Monthsi Dovs lost birthdov WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 4.8A Jersey City N. Jersey
14. MOTHER'S MAIDEN NAME Housewife 13. FATHER'S NAME MARY JANE FARLEY R. BALDNIN 15. Was Deceased Ever in U. S. Armed Forces ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Miles B. Hopkins (Son) 36 7851 Darlington Md. NO CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Valmonery embolism? LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last. 260X OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208. IF YES, WERE FINDINGS CONSIDERED 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) lost sow the deceased alive on. 19.6.1 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED 12-24-68 Med. Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) NORMAN Memoria 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 1/26/68 Darlington Cemetery Darlington Maryland 25C. FUNERAL DIRECTOR HENRY SANDER & SONS INC. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR BALTIMORE MARYLAND 21213 VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

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approved by the chief medical examiner of his assistant if aeath occurred in a nospital to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased il (except where the physician who pronounced death was in regular attendance on the 1); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	Bi 1. (T 3 3 F H III 5. 10 dd
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This certificate must be approved by the chief medical examiner or his assistant if again occurred in a nospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2
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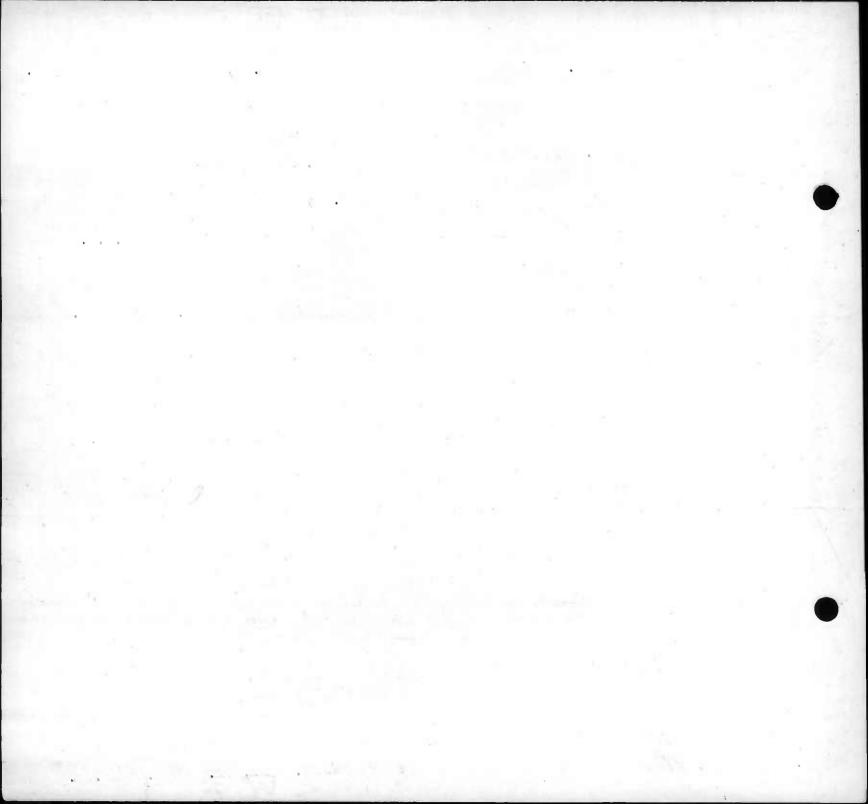
J-525 CR 1053 BALTIMO	RE CITY HEALTH DEPARTMENT 68 1053								
68 1053 CERTI	FICATE OF DEATH REG. NO.								
BIRTH NO.	2, DATE AND HOUR OF DEATH								
(Type or Print) BOYD LOUIS JOHNSO	N Jan. 24. 1968 4-15 . A.M.								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR HOSPITAL OR ADDRESS OR LOCATION)	Maryland 27-01								
I I INSTITUTION	D. HANDE CHI EMMO								
House in the Pines	Baltimore 21206 YESX NO								
90 5837 Belair Rd. Baltimore									
	3917 Marx Avenue								
5. SEX 6. RACE 7. MARRIED NEVER MARR	lost diffiacy,								
male white widowed Divorce									
IOA. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR IN done during most of working life, even if retired)	and the second s								
Insurance Collector Retired	Virginia								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Charles Louis Johnson	Susie Parent								
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY N	17. INFORMANT ADDRESS								
no 215-01-60	MIA MIS. VIVIAN SUMMSON								
IB. / CAUSE O	3917 Marx Ave. Baltimore 21206								
DISEASE OR CONDITION DIRECTLY S. 911	ALLIALL CELL COSCULOULA BETWEEN ONSET AND DEATH								
LEADING TO DEATH	NATE CAUSE RF LULLY								
(This does not mean the made of dying, e.g., DUETO	O, OR AS A CONSEQUENCE OF:								
injury ar camplication which caused death.)									
ANTECEDENT CAUSES									
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:									
rise to the above cause (A) stating the UNDERLYING CONDITION last.									
/63X II									
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL USEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B, PLACE OF INJU	IN CERTIFYING CAUSES OF DEATH?								
	no								
OR CONTRIBUTING CAUSE OF home, form, foctory,	RY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacation) street, affice bldg., INJURY OCCUR?								
OF INJURY									
	Not While At Work								
22. I certify that (I) (this hospital) attended the deceased from	om 7-10-67 19 to 1-23 1968,								
that (I) (we) last saw the deceased alive an	7 (1)								
ond haur and from the couses stated above. (1) (We) (did) (di									
23A. SIGNATURE	23B. DATE SIGNED								
L'elle Tum	Attending Med. Staff 1-24-68								
23C. PHYSICIAN'S	23D. ADDRESS								
NAME (Type)	5017 Harford Rd. Baltimore Md.								
SEBASTIAN RUSSO M. D.	DEGREE RY of CREMATORY 24D. LOCATION (City, town, or county) (State)								
REMOVAL (Specify)									
	Cemetery Baltimore Md.								
10010	25C. FUNERAL DIRECTOR ADDRESS								
JAN 26 1968 Release E tarbeyma	HENRY SANDER & SONS.INC								



IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and VS 150-REV. 1/1/68

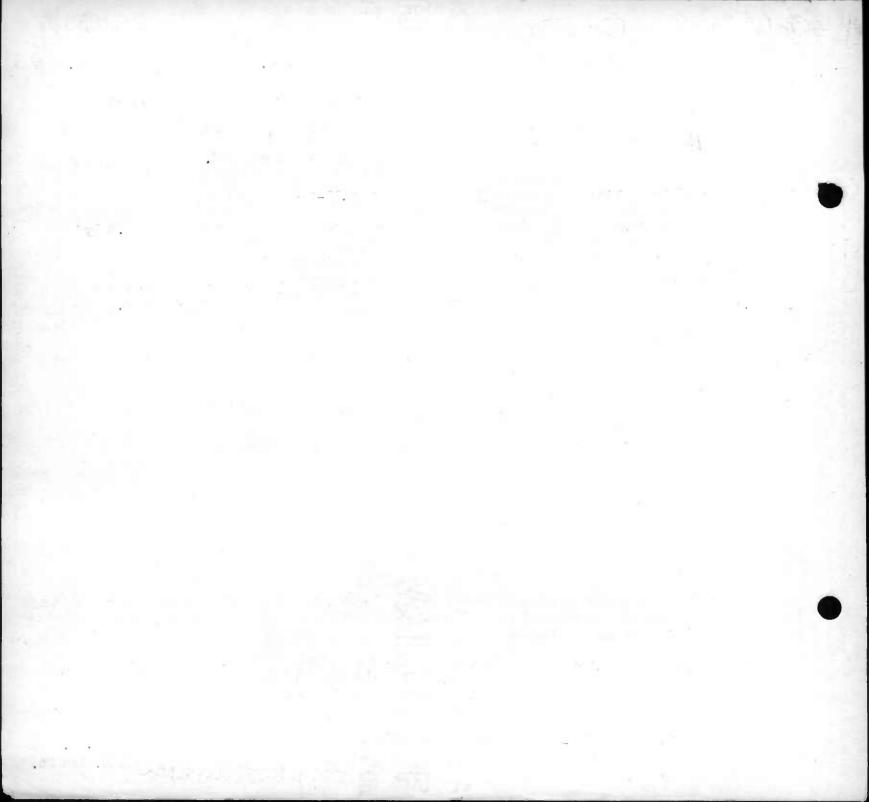
1	0-500)			HEALTH DEPARTMENT		68 1054			
	URTH NO	SA	105	1 CERTIFICA	TE OF DEATH	REG. NO.	200-2			
11.	BIRTH NO.		100			ND HOUR OF DEATH				
	Type or Print)	Anna (. O	uinn		Jan	24. 1968	5 P. M.			
	3. PLACE IN BALT	MORE MARYLAND, W		NCED DEAD	4. USUAL RESIDENCE (WH A. STATE B. COU		nstitution; residence before admission)			
	ELLI NAME OF	HE NOT IN HOSBIT	A L OR INICTITU	TON CIVE STREET	Maryland		1-01			
	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	HON, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?			
1	Maillollow				Baltimana		YES NO			
	5 A	827 S. Ellwo	ad Augan		E. STREET AND NUMBER					
	00	02/ 5. (ou riveri	ие	827 S. Ellwood Avenue					
1	• SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
	Female	White	WIDOWED	DIVORCED	Nov. 24, 1876	lost birthdoy)	Total Doys Hours			
	OA. USUAL OCCU		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	reign country)	12. CITIZEN OF WHAT COUNTRY?			
- {	4.4	orking life, even if retired)			M		11.5.4			
1	House		=		Maryland 14. MOTHER'S MAIDEN N.	A A A F	U.S.A.			
			,							
	0	rick Holland			(atherine (loney				
	5. Was Deceased Yes, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	no			none	Jean Seidenza	327 5 8	Hunad Ava			
	18. LL /	91		CAUSE OF DEATH	1		APPROXIMATE INTERVAL			
ļ	DISEASI	OR CONDITION DI	RECTLY	13.	1 11	1 . 0 9 /	7			
	1	LEADING TO DEATH		(A) IMMEDIATE CAL	De Myscuid	cal Impare	fron 1-15-68			
		ot meon the mode of asthenia, etc. II means		DUE TO, OR AS	A CONSEQUE I CE OF:	0				
		olicatian which caused		- /	7	-11	1 10 60			
	A	NTECEDENT CAUSES		alcuto	Coronary	Thrombos	is 1-15.68			
-		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE	^	9			
	rise to the UNDERLYING	-								
		II.		(C)	······································					
	NOTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING	A .						
	TO THE DEATH	BUT NOT RELATED TO TO	HE TERMINAL	22,	n					
	U 19A. DATE OF	OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or)	Vol 208. IF YES, WERE	FINDINGS CONSIDERED			
	m (E	WAS PER	LOKWED 12	ne	none	IN CERTIFIENCE CA	Time			
	U 21A. ACCIDEN	T WAS UNDERLYING	218,	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR	(If in Boltima	re City, give exoct lacation)			
		medical examine Zon	etc.)	non	1 2	ine				
	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
	OF INJURY	20 - 1		e At Au Not Whil	e 🗇	none				
	Work The Work									
	22. I certify that (I) (this hospital) attended the deceased fram CCF 1966 to 1966,									
		that (1) (we) lost saw the deceased alive an Jan 34 1968 and that in (my) (apinion death accurred an the date								
		and hour and fram the causes stated abave. (1) (41) (did) (did-not) view the bady after death.								
	23A. SIGNATU	RE / / .	1	9		C. II	23B, DATE SIGNED			
	18-6	1. Dohen	week	MA DEGREE Phy	nding Med. Director	Staff Phys.	1-26-68			
. 11	23C. PHYSICIAI	ne)			23D. ADDRESS		21724			
	EMMAN	IUEL A SCHIMI	JNEK MD	DEGREE	872011	-ASTHVB	59470110,			
	24A. BURIAL CREA		24C. NA	ME of CEMETERY OF CRI	MATORY 24D.	LOCATION (C	ity, town, or county) (State)			
	Burial	1/27/68	Non	(athedral (Comotonii (Baltimore	Manueland			
	25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME O		DOC FULLEDAL DIRECTO		ADDRESS			
Ī	JAN26	1968 P.D. 1	18 Ja.	Deams	John A. Mora	n, Inc. 3000	E. Balto Sto			

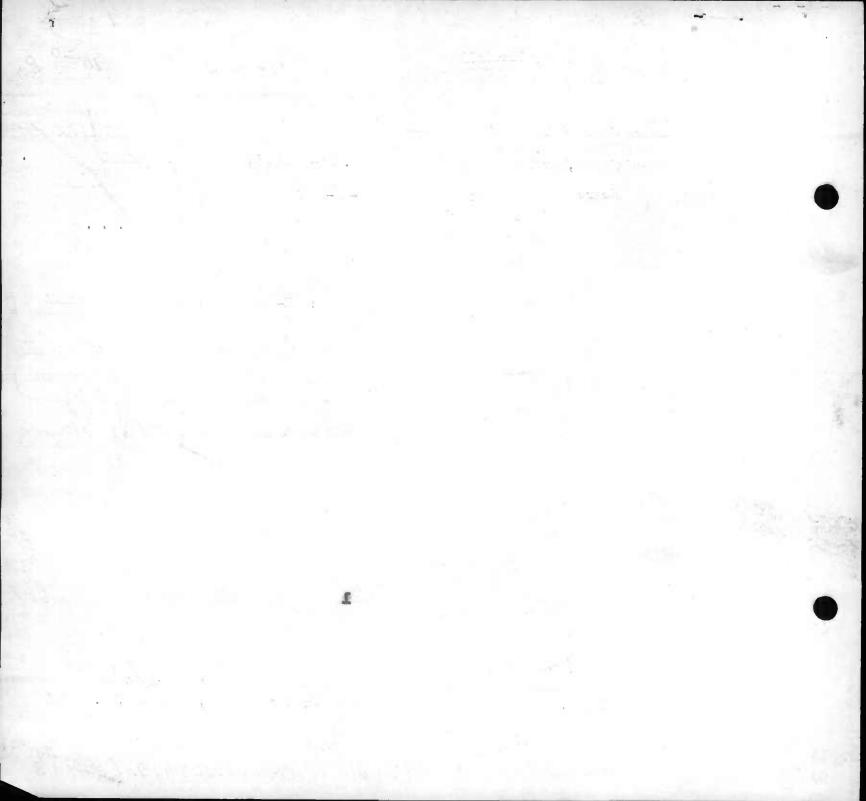


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REG. NO. 68-1055 CERTIFICATE OF DEATH spital and of death Undetermined cause; (5) Deceased BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Prin MARY ANN or MARIANNA PELLEGRINO uo Jan. 23 1968 a hospital 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE MARYLAND cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS? attend 9 BON SECOURS HOSPITAL BALTIMORE YES NO prior E. STREET AND NUMBER contributing Box 344 Pasadena Md. occurred is made. regular 9. AGE (In years B. DATE OF BIRTH If Under 24 Hrs. 5. SEX 6. RACE If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased Months Days Hours last birthday) Female WIDOWEDXX White DIVORCED Nov.11-1894 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during mast of warking life, even if retired)
House Wife death isposition Home o Italy Italy SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 or his assistant if John Piraino Maria Torchia death T Pellegrino 19 Setter Drive 15. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL ō final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance No No Elkridge Md. any APPROXIMATE INTERVAL pronounced CAUSE OF DEATH 9 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart foilure, asthenia, etc. II means the disease, by the chief medical examiner ular examiner. injury or complication which caused death.) ANTECEDENT CAUSES who 0 DUE TO, OR AS A CONSEQUENCE OF 9 are DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the 3 Ξ physician mains UNDERLYING CONDITION last. medical burns; **₩**as 3,8 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 20A. AUTOPSY? (Yes at No! 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimare City, give exoct location) where hame, farm, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF hospital Ŷ DEATH (natify medical examiner) etc. nature; obtained 21 D. TIME (Manth) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 9 certificate must be approved OF INJURY Nat While (except While At [(APPROX.) At Wark and Work to the any 19 ond that in (my) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on... pe of hospital death) and hour and from the causes stated abave. (1) (We) (did) (did not) view the body ofter death. was released must accident 23A, SIGNATURE 238, DATE SIGNED Attending Med. Staff 0 Director L Phys. approval O 23D. ADDRESS 23 C. PHYSICIAN'S prior ŧ NAME (Type) 4 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CREMATORY eceased the body 0.0 REMOVAL (Specify) written Loudon Park Cemetery shows: Burial 1/27-68 SD 258. NAME OF REGISTRAN 25A. DATE REC'D BY HEALTH DEPT. 3 70 VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT





	V-425	BALTIMORE CITY		100%
	TH NO.	1057 CERTIFICA	ATE OF DEATH Registered No.	•
1. N	NAME OF DECEASED NO PRINT	w Ruth	2. DATE AND HOUR OF DEAT	
3. P	PLACE OF DEATH IN BALTIMORE, MARY	/	1-20-68 4. USUAL RESIDENCE Where deceased lived, if	institution: residence before odmission)
			A. STATE B. COUNTY	
H	FULL NAME OF (If nat in haspital at HOSPITAL OR address or location)	r institution, give street	Maryland C. CITY OR TOWN (If outside city limits, write	e RURAL and give toweship)
	Provident	Hospital Inc.	Baltimore	14=0-
1		ion Street Maryland 21217	D. STREET ADDRESS (If rurol, give location)	
5. S		MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr II Under 24 Hrs.
Fe	emale Negro	widowed (specily) Widowed	-84 lost birthdoy)	Months Days Hours Min.
	A, USUAL OCCUPATION (Give kind of work) It is during most of working life, even it retired)	OB. KIND OF BUSINESS OR INDUSTRY	Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. [FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. V IYes	Was Deceased Ever in U. S. Armed Force s, no or unknawn) (II yes, give wor or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	10 10 10 10 10 10	212-56-4608	Theresa Bennett- Frie	nd- Same-669-3158
	DISEASE OR CONDITION DIRE			ONSET AND DEATH
	LEADING TO DEATH	(A) C	ongestive Heart F	acture
	(This does not mean the made of a heart failure, asthenia, etc. It means to	dying, e.g., DUE TO		
	injury at camplication which caused d	leath.)	ongestive Heart P Vienosclevotic He	ut
	ANTECEDENT CAUSES	DUE TO	Miera 10	
	rise to the above cause (A)			
	UNDERLYING CONDITION last.			
NOI	OTHER SIGNIFICANT CONDITIONS CO			
	TO THE DEATH BUT NOT RELAT	ED TO THE		
TIFICAT	TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. COND WAS PERFO	ED TO THE	20 A. AUTOPSY? I'Ves or No. 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL	TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. COND WAS PERFO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	ED TO THE	in or about 21 C. WHERE DID IIf in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct location)
DICAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., hame, form, loctory, street, etc.) 1Hour) 21E. INJURY OCCURRED While At Nat Whi	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21 D. TIME Month) Doy) Year) OF INJURY	21B. PLACE OF INJURY (e.g., hame, lorm, loctory, street, etc.) 21E. INJURY OCCURRED While At Work Nat White At Work Nat Wo	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	ore City, give exact location)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME Month) Doy) Year) OF INJURY APPROX.)	218. PLACE OF INJURY (e.g., hame, lorm, loctory, street, etc.) 218. INJURY OCCURRED While At Nat White Mark Nat Work At Work	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	nuary 20, 19 68
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME Month) Day	DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., hame, lorm, loctory, street, etc.) 1Hour) 21E. INJURY OCCURRED While At Nat White At Work attended the deceosed from 1999 I alive an January 20,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? ile	ore City, give exact location)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (IAPPROX.) 22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased	21B. PLACE OF INJURY (e.g., hame, larm, lactory, street, etc.) 1Hour 21E. INJURY OCCURRED While At Nat White At Work attended the deceosed fram 1 alive an January 20, and abave. (I) (We) (did) (did nat)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? ile	nuary 20, 19 68
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (IAPPROX.) 22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and haur and from the causes state	DED TO THE INTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., hame, larm, loctory, street, etc.) I Hour) 21E. INJURY OCCURRED While At Nat Whith Work attended the deceosed fram street and allower. (I) (We) (did) (did nat)	in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile	nuary 20, 19 68
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME Month) Day Year) OF INJURY APPROX.) 22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and haur and from the causes state 23A. SIGNATURE	DED TO THE INTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., hame, larm, loctory, street, etc.) I Hour) 21E. INJURY OCCURRED While At Nat Whith Work attended the deceosed fram street and allower. (I) (We) (did) (did nat)	in or obout 21C. WHERE DID office bldg. INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? January 3, 19 68 to Ja ond that in (my) (aur) a view the bady after death. tending Med. Stall Phys. X	nuary 20, 19 68 pinian death accurred an the day 238. DATE SIGNED 1-20-68
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME Month) Day Year) OF INJURY APPROX.) 22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and haur and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME Type) A. BURIAL CREMATION, 24B. DATE	DED TO THE INTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., hame, lorm, loctory, street, etc.) Thour 21E. INJURY OCCURRED While At Nat White At Work attended the deceosed fram 1 alive an January 20 and abave. (I) (We) (did) (did nat) M.D. At Ph.	January 3, 19 68 to Ja 19 68 ond that in (my) (aur) a view the bady after death. Med. Director Phys. 23D. ADDRESS 23D. ADDRESS 2514 Division Street	nuary 20, 19 68 pinian death accurred an the day 238. DATE SIGNED 1-20-68
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME Month) Day Year) OF INJURY APPROX.) 22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and haur and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME Type) A. BURIAL CREMATION, REMOVAL Specily) BURIAL A. BURIAL CREMATION, REMOVAL Specily)	21B. PLACE OF INJURY (e.g., hame, lorm, loctory, street, etc.) 1Hour 21E. INJURY OCCURRED While At Nat White At Work attended the deceosed from 1 diverse and January 20, and abave. (I) (We) (did) (did not) M.D. Att	January 3, 19 68 to Ja 19 68 ond that in (my) (aur) a view the bady after death. Med. Director Phys. 23D. ADDRESS 23D. ADDRESS 2514 Division Street	nuary 20, 19 68 pinion death accurred on the dot 238. DATE SIGNED 1-20-68 Balto. Md. 21217



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physician

FUNERAL DIRECTOR:

A. STATE

1. NAME OF (Type or Print)	DECEASED	1		Ru	
3. PLACE IN	BALTIMORE			PROHOUNCED	
FULL NAME		NOT IN HOS	PITAL OF	R INSTITUTION,	GIVE STREET

MARYLAND C. CITY OR TOWN

B. COUNTY

D. INSIDE CITY LIMITS NO

If Under 1 Yr. Months: Days

THE JOHNS HOPKINS HOSPITAL

E. STREET AND NUMBER 1538 POPLAR GO GROVE ST.

9. AGE (In years

2, DATE AND HOUR OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

5. SEX 6. RACE 7. MARRIED NEVER MARRIED XX NEGRO ID WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

B. DATE OF BIRTH

lost birthdov)

Hours 12. CITIZEN OF WHAT COUNTRY?

If Under 24 Hrs.

done during most of working life, even if retired) None

13. FATHER'S NAME

Northumberland, Virginia

14. MOTHER'S MAIDEN NAME BEATRICE LEE

BALTIMORE

ROBERT E. KENNER 15. Was Deceased Ever in U. S. Armed Farces (Yes, no or unknown) (II yes, give wor or dates of service)

6. SOCIAL SECURITY NO.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE

17. INFORMANT Robert Kenner 1538 Poplar Grove

ADDRESS Street

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or complication which coused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, the obave cause (A) stating the UNDERLYING CONDITION last.

(B)_______DUE TO, OR AS A CONSEQUENCE OF:

DUE TO, OR AS A CONSEQUENCE OF

11

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION

198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes ar No)

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If to Baltimare City, give exact location)

MEDICAL DEATH (notify medical exominer) (Hour) 21D. TIME (Month) (Day) (Year) OF INJURY

21 E INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

(APPROX.)

Nat While While At Wark At Wark

22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an

WAS PERFORMED

and that in (my) (aur) apinian death accurred an the date

and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGN ATURE

23CPHYSICIAN'S NAME (Type)

Attending Med. Director L 23D. ADDRESS

23 B. DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE

GOULDEN, 24C. NAME of CEMETERY OF CREMATORY

THE JOHNS HOPKINS HOSPITAL

(City, town, ar county)

Jan. 13, 1968 Shiloh Bapt. Ch. Cemetery 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

Phys.

Northumberland 25C. FUNERAL DIRECTOR

24D. LOCATION

VS 1S0-REV. 1/1/6B

approval certificate Was 7s: (1) D.O.A deceased REMOVAL (Specify) MOS

STUDEN - TITLE

or or the second factor of the figure

THE PROPERTY MAY WELL S CHARLEY

Edward Compress

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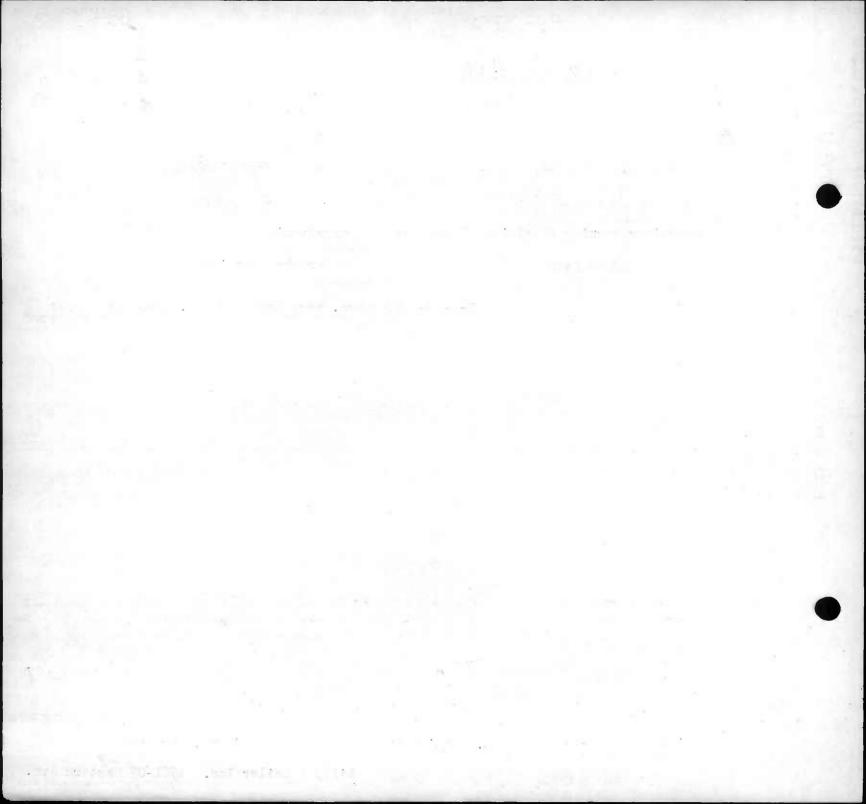
Bank Strawn

VS 151-REV, 1/1/6B

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Company and and another the section of the section

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH of death Deceased the BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO death. RESIDENCE (Where deceased lived. If institution: residence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED OFAD COUNTY attendance (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C CITY OR TOWN D. INSIDE CITY LIMITS cause; 10 NO prior contributing (4) Undetermined made regular B. DATE If Under 1 Yr. If Under 24 Hrs. OF BIRTH MARRIED deceased Months Doys st birthday Hours WIDOWED WORK TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working tife, even il retired) Supervisor Burning & Welding Bethlehem Pennsylvania as 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct Dorothy Semanick Andrew Usko 0 death ind 15. Was Deceosed Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. ance 208-03-0945 Mrs. Mary Usko 636 S. Rappolla Street No any CAUSE OF DEATH 10 pronounce attend BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the made of dying, e.g., heart foilure, asthenio, etc. Il meons the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are DUE TO, OR AS A CONSEC DISEASES OR CONDITIONS, if ony, the above cause (A) stoling the physician UNDERLYING CONDITION last. before the remains Was 4201 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) chief Body 19 A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital MEDICAL °Z DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 9 21E, INJURY OCCURRED OF INJURY approved (except While At Not While (APPROX.) and Work At Work any 22. I certify that this haspital) attended the deceased from 19 6.8 6.8 ond that in (aur) opinion deoth occurred on the dote thotall (we) last sow the deceased alive an be of hospital eath) and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. was released must accident 23A. SIGNATURE 23B. DATE SIGNED ŏ Attending Med. 0 0 Phys. Director 0 23 C. PHYSICIAN'S prior 23D. ADDRESS approv NAME (Type) at An 24A. BURIAL CREMATION, 248. DATE deceased written ap shows: (1) CEMETERY OF CREMATORY (City, town, or county) (Stote) the body o REMOVAL (Specify) ď 1-29-1968 Baltimore, Maryland St. Stanislaus M ds 2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 1901-07 Eastern Ave. VS 150-REV, 1/1/68



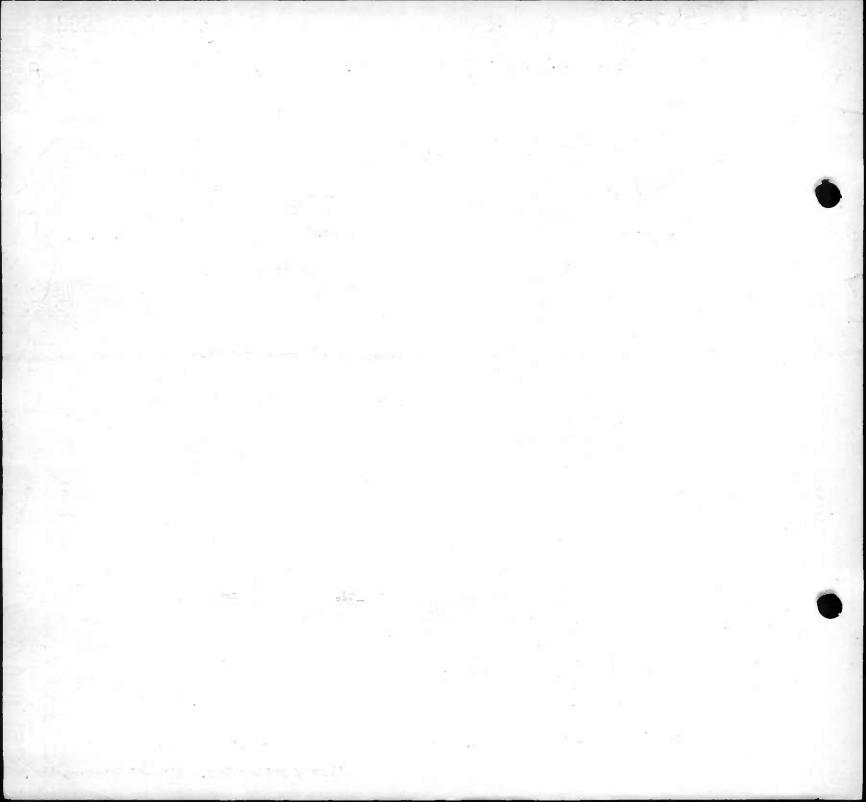
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IMPORTANT

FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-1023	BALTIMORE CITY	HEALTH DEPARTMENT	1	00 4000
68-1	L063 CERTIFICA	TE OF DEATH	REG NO	D5 1003
BIRTH NO. 1. NAME OF DECEASED	•		NO HOUR OF DEATH	9 530
(Type or Print) CATHERINE	· CHEISTENS		-24-1	67 3 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If in: NTY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND	BALTIMOR	E 55-60
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION BALTIMORE CITY HO	SPITALS	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
2 4940 EASTERN AVE		E. STREET AND NUMBER		YES 🐴 NO 🗌
BALTIMORE, MARYLA		315 INGLES	IDE AVENUE	21228
		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
FEMALE WHITE WIDOW	NEVER MARRIED DIVORCED	11-3-86	last bighdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Poland		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	04 04 114
3		Barbara	?	
15. Was Deceosed Ever in U. S. Armed Forces? [Yes, no or unknown] [If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 EAS	TERN ARVENUE
No	SECORITI IVO.	BCH RECORDS:		E, MARYLAND 2122
18. 24 10	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		MI		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	SE /VL		
(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise		A CONSEQUENCE OF:		70
injury or complication which coused death.)	0.11	F . DIV	- Dicas	
ANTECEDENT CAUSES	(B). CH		. EDEM	4
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)			
434.1				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).				
		TOO A	V 404	
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	YES	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimar	e City, give exact location)
▼ DEATH (notify medical examiner)	etc.)	nice bidg., into our occor.		
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	White At Nat While Work At Work	e 🔲		
22. I certify that (I) (this haspital) attend		0=74-	19 67 to 1 -	-24 1968,
that (I) (we) last saw the deceased alive		19 68 and th	hat in (my) (aug) ani	nian death accurred an the date
				and decirios an incident
and haur and fram the causes stated above 23A. SIGNATURE	(1) VII ex (ala) (ala 1101) (rew the bady after death.		23B, DATE SIGNED
No. 10 (1		nding Med.	Staff St	
23C. PHYSICIAN'S	DEGREE Phy	Director L	MORR CTTY	HUSPITALS
DOWD T. FAROBOROUGH	V	BALTIMORE. M.		224
<u></u>	C. NAME of CEMETERY OF CR			ty, town, or county) (State)
REMOVAL (Specify)		240. 1	CO (CI	ry, rown, or coomy/ (store)
Burial 1-27-1968 25A, DATE REC'D BY HEALTH DEPT. 25B, NA	Mt. Carmel Me Of REGISTRAR	25C. FUNERAL DIRECTO	ltimore, Mar	yland ADDRESS
JAN 2 6 1968 A D. B	2 Faller MA			01-07 Eastern Ave.
VS 1S0-REV. 1/1/6B			or The Table	T-OI BESTELLI WAS:



hospital

BALTIMORE CITY HEALTH DEPARTMENT 0 68- 1064 68-1064 CERTIFICATE OF DEATH death Deceased Such I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) OR LO 22 68 death. of 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY A. STATE (5) Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend Undetermined cause; 9 Baltimore Baltimore City Hospital YES X prior 4940 Eastern Avenue E. STREET AND NUMBER 1/21 Ward Street Baltimore Maryland 21224 made. regular 5. SEX 6. RACE B. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Days eceased Negro lost birthdoy Female 1-26-1911 56 WIDOWED X DIVORCED 2 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition E done during most of working life, even if retired) Maryland MOS the 14. MOTHER'S MAIDEN NAME 4 William Houston Lottie Brown death O kind; 5. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 9 Records: BCH-4940 Eastern Avenue attendan any pronounced CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, asthenia, etc. It means the disease, bal 9 injury or camplication which caused death.) gold em ANTECEDENT CAUSES who 9 are DUE TO. OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, il any, giving <u>ෆ</u> The above couse (A) sloling the physician UNDERLYING CONDITION Josi, remains (C).... Was 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the CERTIFIC 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the WAS PERFORMED before NO 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 2 . WHERE DID where (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examiner) nature; MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) Work At Work and any 18-JAN 22. I certify that (1) (this hospital) attended the deceased from 19 65 to JAW 68 that((1))(we) last sow the deceased olive an 19 ond that in my) (our) apinion death occurred on the date pe of hospital death) and hour ond from the causes stoted above (1) (We) (did) (did not) view the body after death. must accident 23A. SION ATURE 23. DATE SIGNED Attending X 2 Phys. 6 Director 0 23C. PHYSICIAN'S prior approv 23D. ADDRESS Baltimore City Hospitals t D NAME (Type) Fred Aoki 4940 Eastern Avenue, Baltimore, Maryland 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR 24D. LOCATION o 25A. DATE RECO BY HEALTH FUNERAL DIRECTO Dt

NO

Hours

2. CITIZEN OF WHAT COUNTRY?

21224

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

(Stote)

If Under 24 Hrs. Hours : Min.

21229

U.S.A.

ADDRESS

cause contributing chief 0 hospital the MOS deceased written ap body Mas

VS 150-REV. 1/1/6B

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the V	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	50	ö	T F	0	0
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	68-1065 BALTIMORE CITY HEALTH DEPARTMENT 68-1065
	1065 BALTIMORE CITY HEALTH DEPARTMENT 68-1065 CERTIFICATE OF DEATH REG. NO. 68-1065
	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
1/2	
1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 1. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
	A. STATE B. COUNTY
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN INSIDE CITY LIMITS?
II.	
	BALTIMORE YES NO
1	OLLITHERAN HOSPITAL OF MS. E. STREET AND NUMBER
	728 N. MOYNT STREET
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
	M NF6R0 WIDOWED \ DIVORCED \ 6-17-06 62
	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
"	Laborer Construction work Boltom, North Caroling U.S.A.
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	The state of the s
	DATIE JACOBS Urginia towell S. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
lo	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
	NO From chert.
	18. APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	(A) IMMEDIATE CAUSE CARCINOM A Rectum (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,
	injury ar camplication which caused death.)
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)
li	1.5°4.7 II
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	728
111	J 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	DEATH (notify medical examiner) etc.)
	210. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) White At Not White Not Work At Work
	1-28
	that (1) (we) last saw the deceased alive on
	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Shaff Director Director Phys. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	23C. PHYSICIAN'S NAME (Type)
	DAVID KHOO LUTHERAM HOSPITAL OF MO.
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
	REMOVAL (Specify)
2	DURIAI 1-27-68 OMMUNITY CM. DOITON, NO. ADDRESS
	JAN 26 1968 P. D. R. E. Falleyka Morton & Dyetl +. H 1701 LAURENS
IF	S 150-REV. 1/1/68
V	3 100 HEAT 17 17 00

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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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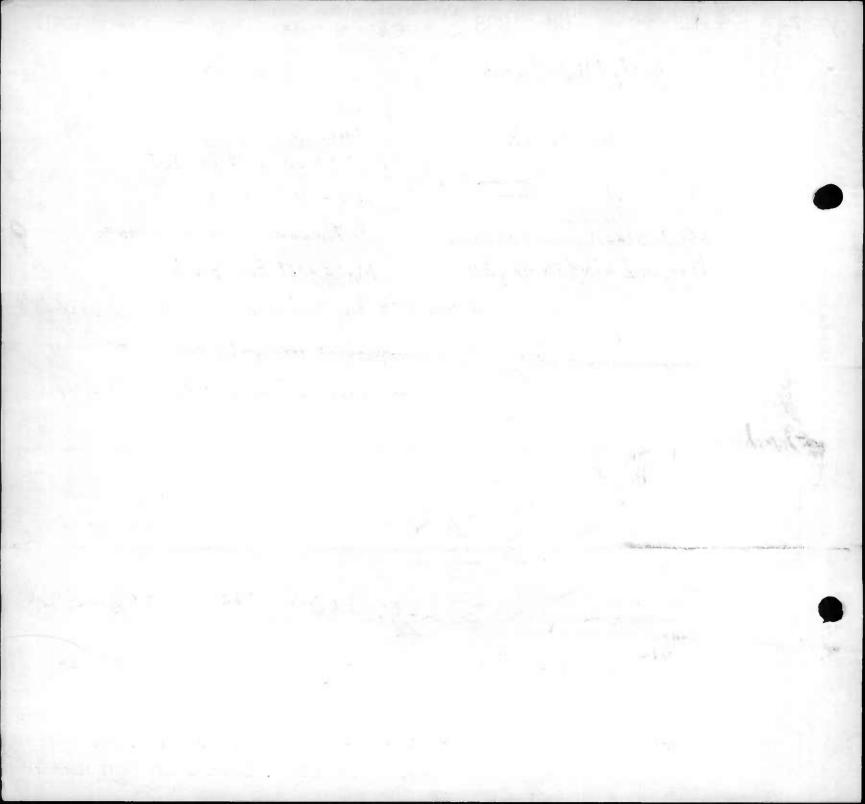
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	- +		CO 400m	BALTIMORE CITY HEAL	TH DEPARTMENT		00 4007
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	of of the	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4. US	SUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before odmission)
	osp ee inc	EU I	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION,		TARYLAND	12 BALGI	MORE CITY
	- S - B - H	HO	L NAME OF SPITAL OR INSTITUTION, ADDRESS OR LOCATION) TIJUTION	C. C	TY OR TOWN	JENK 1 9-INSI	DE CITY HMITS?
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	dirip be) . S	EX 6. RACE 7. MARRIED NEV	EK MARKIED	le	ost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
U	occur ontrib ermin regul	104	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN		-24-25	r country)	12. CITIZEN OF WHAT COUNTRY
	th the		during most of working life, even if retired)	2	11	1	
	本中では		haborer	PA	Himory M	Aryland	U.S.A.
	if de ect (t) Ur was rhe posi	13.	FATHER'S NAME	14. M	OTHER'S MAIDEN NAM		
	150 - 154	1	WILLIE JENKINS		GEORGIA BR	OWN	
A	e dind;	15. V (Yes	Was Deceased Ever in U. S. Armed Forces? (If yes, give wor or dotes of service) 16. SO SE	CIAL 17. IN	FORMANT	1	ADDRESS
E	sist the the kir de de		218	- 18-2714 Mrs	Elizabeti	& Jen Kins	208 D Gilmor
ORT	ed dar		18. / 6.2. / 1	AUSE OF DEATH			APPROXIMATE INTERVAL
ο.	8 00 0	1	DISEASE OR CONDITION DIRECTLY	CARCINON	A METAS	TATIL	
2	Also e of noun atte	1	LEADING TO DEATH (This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAUSE DUE TO, OR AS A CON	ROB. LUNG	PRIMAR	Y GMONT
::	5 0 L B	3	hearl failure, asthenia, etc. It means the disease,	DUE 10, OK AS A CON	SEQUENCE OF:		
OR:	mb mb		injury or camplication which caused death.) ANTECEDENT CAUSES				
5	ho ho		DISEASES OR CONDITIONS, if any, giving	(B)	NSEQUENCE OF:		
Ш	3) / S		rise to the above cause (A) stating the				
DIR	ins ins	1	UNDERLYING CONDITION last.	(C)			
	dica ica ica ica sic sic	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
4	hy hy	5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
NERA	hief a m Sody he p	CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH	OPERATION 20	A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE	INDINGS CONSIDERED
Z	chi the the	R	WAS PERFORMED		NO	IN CERTIFYING CA	DSES OF DEATH:
3	× 40 € 50 ×	Ü	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF home, form	OF INJURY (e.g., in or ob, foctory, street, office bl	dg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SPI	DEATH (notify medical examiner) etc.)				
	Spi vr	ш.	OF INJURY	YOCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	ho ho	3	(APPROX.) While At [Not While			
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	app to the fan fan (e		that (I) (we) lost sow the deceased olive an	25	19 4 % and that	it In(my) (our) api	nian death accurred an the dat
	t be a sed to sed to spital spital eath)		and hour and fram the causes stated above, (1) (Www)		he body after deoth.		
	ident of hospital by death)		23A. SIGNATURE				23B. DATE SIGNED
	must celeas ccide a hos to de		Man Buch M	Attending Phys.	Med. Director	Staff Phys.	1-25-68
			23C. PHYSICIAN'S NAME (Type)	DEGREE	DDRESS		
	was was A. at at prior		MAJOR BRADSHA		JOHNS HO	PKINS	HOSPITAL
	d d d	24/	BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREMATO	DRY 7 24DALC	CATION (CI	ty, town, or county) (Stote)
	S: Od		PREMOVAL (Specify) 1-27-68 Arbu	tus Mem,	BIK Ko	Himore	hd.
	0 5 5 4 5 4		BURIA 1-27-68 Arbu		04	11.11ml	I Co
	S S S S E	25A		STRAR 25	C. FUNERAL DIRECTOR		ADDRESS
	This certification of the body shows: (1) was D.O. deceased written a	25A	JAN 26 1968	STRAR 25	TOFTON &)yett fit	1. 170/ LAURENS

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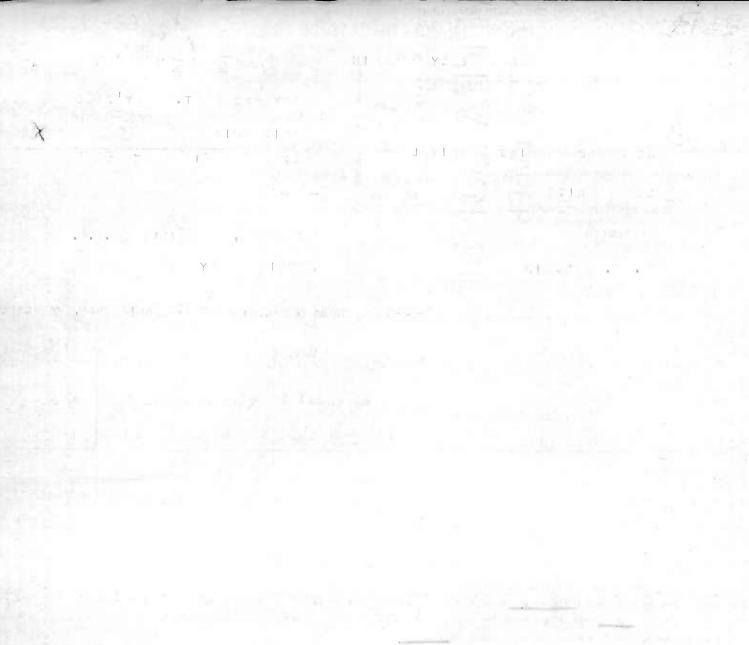
became a significant that the sales to them.

Mortan Diethar Hallor Landen



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY I	HEALTH DEPARTMENT
68- 1069CERTIFICAT	TE OF DEATH REG NO. 68 1069
1. NAME OF DECEASED (Type or Print) FRANK LEEDY BALDWIN	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND ST. MARY'S CO
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN C. A. 1 FORN 1 A YES NO
THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
THE JOHNS HOPKINS HOSPITAL	Box 212 ZIP CODE 10417
MALE WHITE WIDOWED DIVORCED	3-19-99 9. AGE (In years If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min. Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if retired) CARPENTER	POCAHONTAS, VIRGINIA U.S.A.
13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
D. O. BALDWIN	JENNIE LEEDY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	7. INFORMANT ADDRESS
WW1 223-26-1548	NORA M BALDWIN BOX 212 CALIFORNIA, MARYLAND
18. 4 4 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	E Heart failure 11/2 days.
(This does not mean the mode of dying, e.g., DUE TO, OR AS A	CONSEQUENCE OF:
heart failure, osthenia, etc. It meons the disease, injury ar complication which caused deoth.)	
ANTECEDENT CAUSES	granting goemme a days
on Continuity, in the grand	A CONSEQUENCE OF:
rise to the obove cause (A) stoling the UNDERLYING CONDITION tost.	> abduil ark anyomento
_ 45°(X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ruic ling durce
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 2 12. PLACE OF INJURY (e.g., in	VES IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi	or about 71C, WHERE DID (If in Boltimore City, give exact location) ice bldg., NJURY OCCUR?
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY (APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	-c 1968 to 1-24 1968
that (I) (we) lost saw the deceased alive on	19 68 ond that in (my) (our) opinion death occurred on the date
and hour and from the couses stoted obove. (1) (We) (did) (did not) vi	iew the body ofter deoth.
23A. SIGNATURE	23 B. DATE SIGNED
antoni lene Jull M. M. Degree	nding Med. Staff Phys. 1-21-68
	3D. ADDRESS
ANTONIO GONZALZZ-IZZVILAJA. NORDA	Solms Hoykins Hop. Bulb uld.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE/	MATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL JAN. 17, 1968 TRINITY MEMORIA	AL GARDENS WALDORF, CHARLES, MARYLAND
JAN 26 1968 Report & Farbura	W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND
VS 150-REV. 1/1/6B	



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written and on the control must he obtained hefore the company or an eqular attendance on the deceased prior to death. FUNERAL DIRECTOR: IMPORTANT

9			HEALTH DEPARTMENT	1/ 6	2 1000
	68- 3	LU/U CERTIFICA	TE OF DEATH	REG. NO.	0 10/0
	BIRTH NO.	CERTITION.		10000	
- 1	(Type or Print)	101.001	2. DATE AN	D HOUR OF DEATH	749/1
	ten Henry P.	LENNON	1 04	1-68 3	S/P M.
	3. PLACE IN BALTIMORE, MARYEAND, WHERE PR	ONOUNCED DEAD	A. STAJE , B. COUN	re deceosed lived. If institution:	residence before admission)
- 1	FULL NAME OF (IF NOT IN HOSPITAL OR IN	THE TOTAL NOTUTIES	Md	Ballo	53-10
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	Tallotton, Olve alkeel	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
-			5.20	YES	Пои
			E. STREET AND NUMBER	4. CD	
	Chion Menerial Hospital	1. Energiescy dept	47161	Maica DE	1116
3			8. DATE OF BIRTH	9. AGE (In years If Und	er 1 Yr., If Under 24 Hrs.
2	O. RACE	RIED NEVER MARRIED		lost birthdoy) Months	Doys Haurs Min.
	WIDO		2-5-18	504RS	
=	10A. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country) 12. Ct1	IZEN OF WHAT COUNTRY?
5	done during most at working the, even it relied)	LeclRICAL	MA	Ruland	111 #
=	13. FATHER'S NAME	- CIVICIL	14. MOTHER'S MAIDEN NAM	ME	0/3/
ŝ	O /		A/	7 2	
2	- Dne 1 Len	MOM	MARI	DURNS	
2	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
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	18. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CAUSE OF DEATH	1.11 takea 1	Lennon	APPROXIMATE INTERVAL
5	7-10/19	CAUSE OF DEATH	-		BETWEEN ONSET AND DEATH
3	DISEASE OF CONDITION DIRECTLY		Pate.	luster CUD	5-10-1
	(This does not mean the made of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	acous con	- J100 F
2	heart failure, asthenia, etc. It means the disc		A CONTEQUENCE OF.		
	injury or camplication which caused death.)				7,14
5	ANTECEDENT CAUSES	(B)			
ש	DISEASES OR CONDITIONS, if any, gi	, , , , ,	A CONSEQUENCE OF:		
3	rise la the abave cause (A) stating	4 1			
a l	ONDERCTING CONDITION (date	(C)			
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68-1071

68- 1071 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

BIRTH NO.								KEG. NO.			
1. NAME OF DEC		LEXAND	ER K	AMINSKI	2. DATE OF DEATH	Known X	Month January	Day 24, 1	968	Haur 12:50	P.M
4. PLACE IN BALT	IMORE, MAI	RYLAND, W	HERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	- 101.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						UNCED DEAD	January	24, 1	968	12:50	P
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						ESIDENCE (When					
15								COUNTY		2-0	7
	Church	Home &				Maryland	In	INICIDE CI	TV HIMITED	La la	
6. SEX	7. RACE		8. MAR	RIED A NEVER MARRIED	C. CITY OF	IOWN	D.	INSIDE CI			
Male	Whit	e	WIDO	WED DIVORCED		Baltimore		YE	s X	NO 🗌	
9. DATE OF BIRTH	1	10. AGE (Ir	yeors	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET	AND NUMBER					
12/17/9	96	7	71			2042 East	ern Aven	ue			
11. BIRTHPLACE (S		n country)		12. CITIZEN OF	13. FATHER	'S NAME					
Pola	ind			WHAT COUNTRY?	Hila	ry Kamir	iski				
14A.USUAL OCCU	PATION (Give	kind of work	14B. KIN	D OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
done during most of w	orking life, eve	en ifretired)		~		ria Gilo					
Carpent		15 ARMET		Contractor	18. INFOR		LAYIISKI	ΔΙ	DDRESS		
(Yes, no or unknown)	(If yes, give w			e) SECURITY NO.							
Yes	WW I			212-12-1716		man A.Ka	aminski	,2125	Eas	Tern I	1Ve
19.	291			CAUSE OF DEA					BETV	WEEN ONSET A	
DISEAS	E OR CONDI	TION DIRE	CTLY	Arterio	osclero	tic cardi	ovascula	r dise	ease		
	LEADING TO	DEATH		(A)IMMEDIATE	AUSE						
(This does no	ot meon the osthenio, etc.	mode of dy	ing, e.g.,	DHE TO OR		UENCE OF:					
	plication which										
	TECEDENIE I	0411656									
	OR CONDITION		GIVING	(B)	AS A CONSE	QUENCE OF:					
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Z	IG CONDITI	UN LASI.		(C)							
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF		II					10000				
OTHER SIGN	IFICANT CON										
DISEASE OR	CONDITION	GIVEN IN P	ART 1 (A).							
20A. DATE OF	OPERATION	20B. COI	NOITION	FOR WHICH OPERATION W	AS PERFOR!	MED			21. AUTO	OPSY? (Yes o	r No)
									1	No	
	NAL CAUSE			228. PLACE OF INJURY (e.g.,	in or obout	22C. WHERE DID	(If in Boltimore C	ity, give exc	ct locotion)		
UNDERLYING UTING CA				home, farm, foctory, street, offic	e bidg., etc.)	NJURY OCCUR?					
UTING L CA ≥ 22D. TIME		oy) (Yeo	r) (Ho	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCUR?				
OF INJURY (APPROX.)		., .	<i>'</i> `	WHILE AT NOT	WHILE						
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ACTUAL	(.)	1	(- 1.4		CHIEF MEDICAL				DATE SIGI	NED
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EXAMIN		rlee G	S Sn	ringate, M.D.	ASS	OCIATE MEDICAL	EXAMINER	Janı	iary 2	5, 196	8
NAME (T	ype)		, op								
24A. BURIAL CREA REMOVAL (Specif		4B. DATE		24C. NAME of CEMETERY	ar CREMAT	ORY 24D.	LOCATION	WK XW	or county	(Sto	te)
Burial		1/27/	68	Holy Rosar	r	P.	ltimor	0	Man	bactv	
25A. DATE REC'D				NAME OF REGISTRAR	250	FUNERAL DIRECT	altimor or	9	DDRESS	yranu	
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68- 1072 BALTIMORE CITY HEALTH DEPARTMENT

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_	NAME OF DEC	EASED				12.	DATE	Known X	M	a nth	Day	Yea	r Haur	
	oe or Print)		TO OT				OF	Estimoted [_	1	21	68		P _M
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	INSTITUTION							SIDENCE (Who		eased liv	ed. If instituti	on: residen		
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6. !	SEX	7. RACE	8	MARRI	ED NEVER MARRI	ED C.	CITY OR				D. INSIDE	CITY LIMIT	5?	
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	n	nd.			WHAT COUNTRY?		Be	njan	un	ن ر	tru	ese		
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													YES	
SICAL	UNDERLYING	NAL CAUSE W	IB-		22B. PLACE OF INJUR home, form, factary, stre	RY (e.g., in a eet, office blo	g., etc.)	C. WHERE DIE	D (If in	Baltimor	e City, give o	exoct locatio	n)	
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	resul	ted fronk Nat	ural cause	es 📙	Accident	Suicide L		micide CHIEF MEDICA			red manner			
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	EXAMIN	ER'S						CIATE MEDICA	L EXAM	MINER				
	NAME (1	(ype)	Edward	F. 1	Wilson M.D.	A STERNY	CDF44 4 7 C	nv I.	D 100	LACITAS			ry 22,	
	A. BURIAL CRE/ MOYAL (Speci	malion, 248	. DATE		24C. NAME of CEN	TELEKY OF	CKEMAIO	KY 24:	0.100	ATION	(City, to	wn, ar cou	nty) (Sto	ite)
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25.		BY HEALTH DE			AME OF REGISTRAR		. 4	UNERAL DIREC	-	1/11	1	ADDRESS		-
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BIRTH NO. 1. NAME OF DECEASED (Type or Print) FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION

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(4) Undetermined

Wilbur L. Demme

2. DATE AND HOUR OF DEATH Jan. 24, 1968 8:30 a M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET

Maryland c. City or town

D. INSIDE CITY LYMITS YES A NO

102 N. Peca Street Baltimore, Md. 21201

Baltimore E. STREET AND NUMBER

515 Chateau Street

5. SEX 6. RACE Male White

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

B. DATE OF BIRTH Sept. 6, 1901 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. lost birthdoy Months Doys Hours

10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working lite, even if retired) Conductor

Balto. Trans. Co.

Baltimore, Md.

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? USA

BETWEEN ONSET AND DEATH

13. FATHER'S NAME

No

6. SOCIAL

Eva Emerck 17. INFORMANT

ADDRESS

Charles Wm. Demme
15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service)

SECURITY NO. 213-10-0769A

CAUSE OF DEATH

Myrtle Demme W.305 Madison St. (Sister)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoting the UNDERLYING CONDITION lost.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF:

331X Ш

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exact location)

MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) OF INJURY

(Hour) 21E, INJURY OCCURRED

While At

21 F. HOW DID INJURY OCCUR?

22. I certify that (I) (this haspital) attended the deceased fram

Not While At Work

Staff

24D. LOCATION

and that in(my) (out) apinion death accurred an the date

that (1) (we) last saw the deceased alive an...

and haur and fram the causes stated abave. (1) (did not) view the bady after death.

1968

Med.

23B, DATE SIGNED

23 C. PHYSICIAN'S NAME (Type)

23A. SIGNATURE

(APPROX.)

Applefe Willard

Director 23D. ADDRESS

Attending [

6615 Reistertown Road

(City, town, or county)

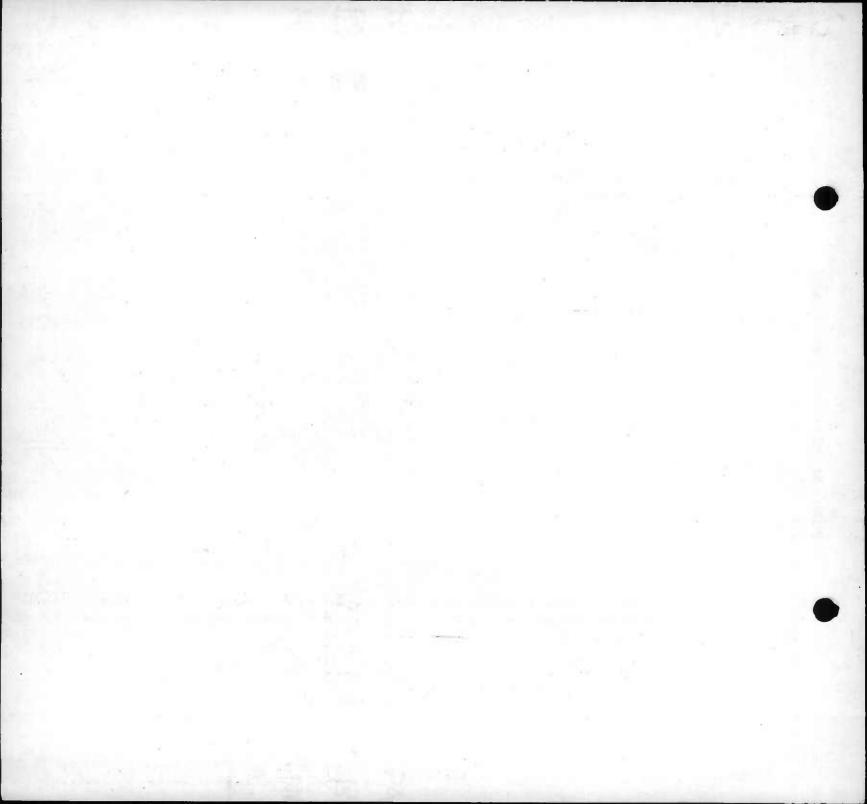
ADDRESS

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify Burial Jan.27/68

24C. NAME of CEMETERY OF CREMATORY

VS 150-REV. 1/1/68

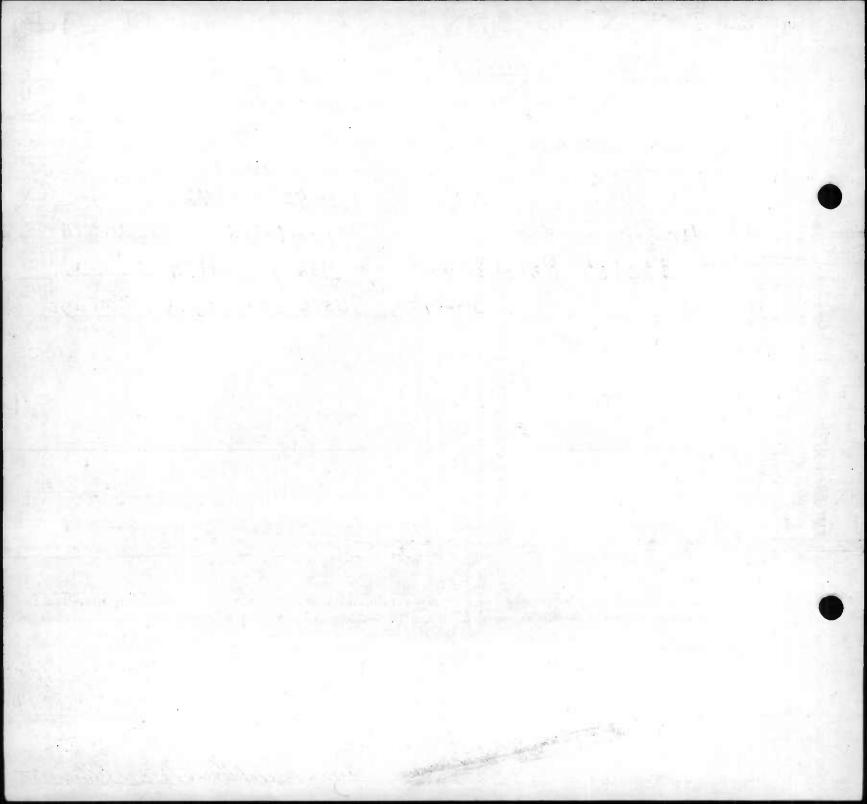
25A. DATE RECID BY HEALTH DEPT.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	68- 1074 SERTISION TE OF DEATH REGING 68 1074
	TO THE CERTIFICATE OF DEATH
ased the the Such	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
de de on on S. S.	Type or Pant RAWLINGS, CLARENCE 2:45 AM. JAN. 20'68
4 0 +	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
ise o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND. 18-02
	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
cause; attend ior to	36 FRANKLIN SQUARE HOSPITAL BALTIMORE YES NO
.= .	FIVANALIN SAUTAL WOST IT AL E. STREET AND NUMBER
ar pr pr	5. SEX 6. RACE C. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
ermined regular sased p is made	lost birthdov Monthsi Doys Hours Min.
contrible regularismis m	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)
dec	done during most of working life, even if retired) Adviced U.S.A.
Unu Unu as e	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
direct or c; (4) Under the was in the december disposition	Tsainh Ramilings Major Smith
	15. Wos Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
the kind dearnince c	NO SECURITY NO. SECURITY NO. DUSIE COMMODOR DWINGS IN
- TO 0 .	18. CAUSE OF DEATH
fany nced enda d or	DISEASE OR CONDITION DIRECTLY
Also, noun atter	LEADING TO DEATH (A) IMMEDIATE CAUSE C, V. H. 15 days
. 30 - 8	heart failure, asthenia, etc. It means the disease,
fract o pr gula emb	injury ar camplication which caused death.) ANTECEDENT CAUSES
A fr Who reg	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
700	rise to the above cause (A) stating the
	UNDERLYING CONDITION fast. (c)
medical y burns; physicic ian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Body the F ysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by control by the bys	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location)
ital by a med e; (2) Body bur where the phy No physician	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?
hospital nature; (ept whe d (6) No ained be	
he hospi ny nature except w and (6) I	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
0 20 = =	22. I certify that (I) (this haspital) attended the deceased from 11 AM, JAN, 5, 1968 to 2,45 AM, JAN, 29968
+ = 0	that (1) (we) last sow the deceased alive an 2.45AM, JAN, 201968 and that in (my) (aur) apinion death occurred an the date
of of tal	and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.
ased to dent of ospital death) must b	23A. SIGNATURE 2
hos d	Attending Med. Stoff Director Phys. Director Phys. Director TAN, 20, 1968
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23C. PHYSICIAM'S NAME Type) 23D. ADDRESS
was r A. at prior	HYUNG KON LEE, M.D. 100 N. CALHOLIN STR. BALTIHORE, MI
	24A-BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
ne body nows: (1 as D.O. eceased	(REMOVAL (Specify) 1-25-68 MT. Hope Ch. Com. Colvert Ca Md
the bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
キャッション	JAN 26 1968 DO B Q FAD WAS Kelson times I though 1800 of letterns 50

V\$ 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

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NAME OF DECEASED (Type or Print)

JOHN Brice HARRISON

	2, DATE AND HOUR OF DEATH		
	1/22/68	6:40	P
4. USUAL RE A. STATE	SIDENCE (Where deceased lived, If institution; residence B. COUNTY	before od	mis sian)

3.	PLACE	IN	BALTI	MORE,	MARYL	AND,	WHERE	PRONOU	NCED	DEAD
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	. ,,					-		#21 2 2	4	J

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

MARYLAW C. CITY OR TOWN

D. INSIDE CITY LIMITS' NO

E. STREET AND NUMBER

21211 007

S. SEX 6. RACE 7. MARRIED NEVER MARRIED

B. DATE OF BIRTH 9. AGE (In ye lost birthda

If Under 24 Hrs. If Under 1 Yr. Manths Dovs Hours 12. CITIZEN OF WHAT COUNTRY?

done during most of working life, even if retired) Retired - Shipping Clerk

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country

17. INFORMANT

14. MOTHER'S MAIDEN NAME

U.S.A.

BETWEEN ONSET AND DEATH

13. FATHER'S NAME

ANNIET. Fairall

15. Was Deceased Ever in U. S. Armed Forces Yes

(Yes, no or unknown) (If yes, give war or dates of service) World War I 215-10-5911-A

ADDRESS #21224 BCH: Records 4940 Eastern Ave. Baltimore, APPROXIMATE INTERVAL

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving the abave cause (A) stating the UNDERLYING CONDITION last,

, SEVERE	HARCYD	-	multiple	\$ 54	ear
DUE TO, OR AS A CONS	EQUENCE OF LA M	I		* a v a a a a a a a a a a a a a a a a a	

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

(Manth) (Day) (Year)

that (1) (we) last sow the deceased alive an.

DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION

20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No)

CERTIFIC WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?

(If in Baltimore City, give exact lacation)

OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner 21 D. TIME

21E. INJURY OCCURRED

CAUSE OF DEATH

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE

21 F. HOW DID INJURY OCCUR?

OF INJURY (A PPROX.)

While At Work 22. I certify that (1) (this haspital) attended the deceased from____

(Hour)

Not While At Work 5-10

...and that in(my) (aur) opinian death accurred an the date

and haur and fram the causes stoted obove. (1) (We) (did) (did not) view the bady after death. 23A. SIGN ATURE

JAN

Attending |

Director

1-22-68 23D. ADDRESS 4940 Eastern Ave. Baltimore, Maryland

23C. PHYSICIAN'S NAME (Type)

(City, town, or county)

23B, DATE SIGNED

24A, BURIAL CREMATION, 24B, DATE Burial 1/25/68

St. Mary's - Hampden

Baltimore, Md.

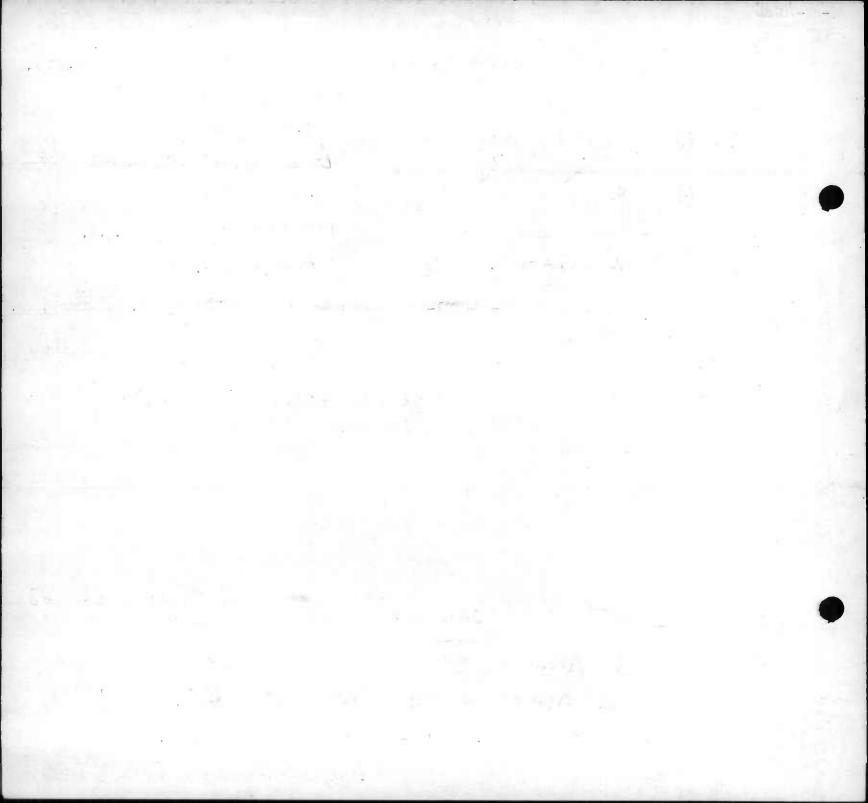
25A. DATE REC'D BY HEALTH DEPT.

25B, NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

19 6 3

r if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased isposition SD the 3 death 0 final ance any pronounced 0 attend his embaimed of fracture ular chief medical examiner who 0 9 are 4 3 Ξ physician remains medical Was physician the ō any nature; (2) where the body was released to the hospital ŝ obtained 9 approved (except and hospital of eath) certificate must be must An accident ᢐ 0 approval 0 prior at 4 was D.O.A deceased p shows: (1)



	68-107	CERTIFICA	TE OF DEATH	REG. NO	68 - 1076
	INAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	NAME OF DECEASED (ype or Print) ATHERINE BOOTH I. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			8 4:47 A.M. Institution: residence before admission)
P 1 15 C	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)				MORE CITY IDE CITY LIMITS? YES NO NO NO
4 13 10	JOHns Hopkins No	BATTIMOR E. STREET AND NUMBER 310 RIJGE	RIJGEMERE	Rd, 121210	
	S. SEX 6. RACE 7. MARRIE WIDOWE 10A, USUAL OCCUPATION (Give kind of work 108, KIND	B. DATE OF BIRTH 4-13-09	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	done during most of working life, even il retired) Executive - Secretary YWCA		New York		12. CITIZEN OF WHAT COUNTRY?
	VINCENT BOO			. VidenaEN	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)				thorne ARRESS Ley Hills, Mass.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoling the LINDER VING CONDITION lost				n DAMAG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	O 5-7. O II O OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMINA O DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
	OR CONTRIBUTING CAUSE OF	TB. PLACE OF INJURY (e.g., i ome, form, foctory, street, of etc.)	n or obout 21C. WHERE DID flice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct location)
3	S OF INJURY	TE INJURY OCCURRED While At Not While At Work	21 F. HOW DID IN	JURY OCCUR?	
22. 1 certify that (1) (this haspital) attended the deceased fram					
	ond hour ond from the couses stoted obove. 23A. SIGNATURE Lan Cllun Culm 23C. PHYSICIAN'S NAME (Type) KAY ELLEN	an MDDeGREE Phy	ending Med.	Staff A	238. DATE SIGNED San 25, 1968
3	REMOVAL (Specify)	NAME of CEMETERY of CRI		altimore, Md	ity, town, or county) (Stote)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E Farley MA	WM - 7		ADDRESS to De

Market 1

Service .

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH and t or contributing cause of death Undetermined cause; (5) Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH DR. HERSCHEL 25-68 uo. hospital 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE Md (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 Baltimore YES 🖳 NO E. STREET AND NUMBER Huenue Bland #21215 disposition is made. 9. AGE (In years lost birthdoy) If Under 1 Yr. Months: Doys If Under 24 Hrs. 6. RACE NEVER MARRIED deceased Hours WIDOWED DIVORCED 10-5-34 USUAL OCCUPATION GIVE kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ary and SID the 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME LO death 15. Was Deceased Ever in U. S. Armed Forces? (Yes m or unknown) (If yes, give wor or doles of service) 6. SOCIAL or final SECURITY NO. attendance AIR FORCE 212-34-253 AMR. JACOB FRIED. 5702 BLAND AVENUE #21215 CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, asthenio, etc. It means the disease, regular injury or complication which caused deoth.) ANTECEDENT CAUSES the remains are DISEASES OR CONDITIONS, il any, giving to the obave couse (A) stating the physician UNDERLYING CONDITION last. (6) No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 1-2 4-6 8 WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF be obtained before where 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exoct lacation) to the hospital MEDICAL DEATH (notify medical examiner) any nature; approved by 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except While At Not White (APPROX.) and Work At Work 22. I certify that (I) (this haspital) attended the deceased fram 19 68 and that in(my) (aur) apinian death accurred an the date death); that (1) (we) last saw the deceased alive an. of hospital and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23B. DATE SIGNED 23A. SIGNATURE Attending | Med. Staff 10 written approval Director L Phys. 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at EDGAR A. GEDOSH MD THE UNION MEMORIAL HOSPITAL DEGREE 75: (1) D.O.A 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY deceased 1-26-68 BURIAL RUDOMER VEREIN BALTIMORE. MOS 2SA. DATE REC'D BY HEALTH DEPT. 25 B. NAME OF REGISTRAR ADDRESS 2SC. FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/6B

session 149d Linear Manageral Hope, tal a 702 Blisted Horana Male W 10-5-34 33 Doctor Millersville Stalle Mary land 155 Just truck the Territor of the 1 2 Experience CNS Terror 80 4:4 Ea Keelook

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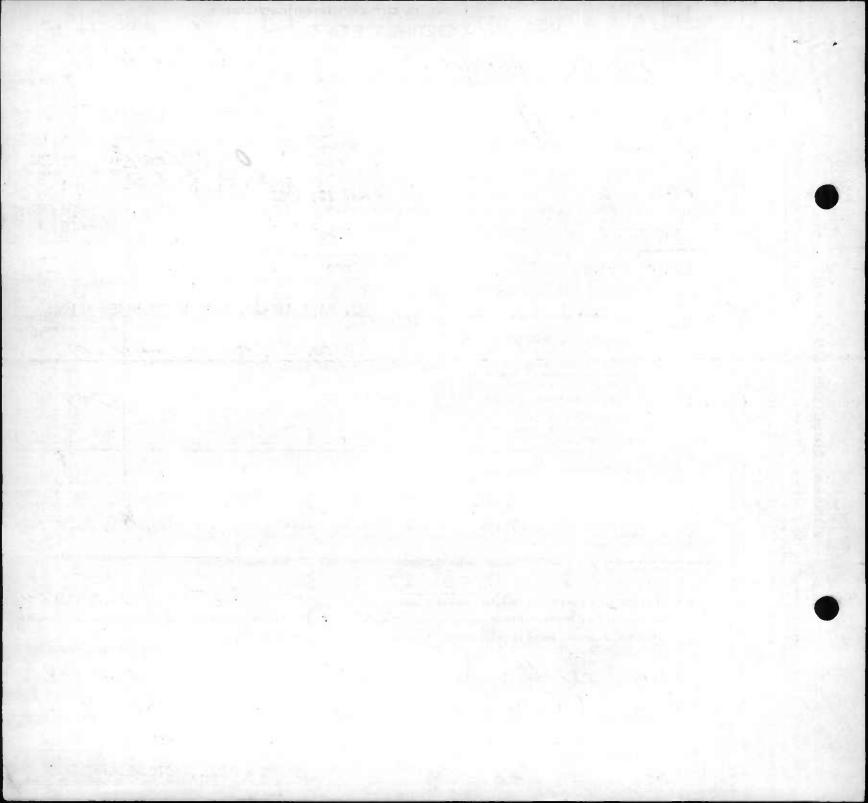
approved

hospital

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such (5) Deceased NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) O eoth. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STAJE

8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD once **FULL NAME OF** (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Ö HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? ottend conse; 0 YES NOX prior E. STREET AND NUMBER #21208 (4) Undetermined mode regular S. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED 1894 deceased lost birthda Hours WIDOWED DIVORCED tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) PROPRIETOR TAXI CABS RUSSIA WOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the RALPH ABRAMS DORA death T 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 0 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) final SECURITY NO. ottendance LORRY 7602 any 18./ CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 0 BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY bolmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, gulor injury of complication which coused death.) em ANTECEDENT CAUSES re are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving sloting the 3 the obave cause (A) physician UNDERLYING CONDITION last. the remoins Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 20B. IF YES. WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF MEDICAL °Z DEATH (notify medical examiner) any nature; obtained 21 D. TIME OF INJURY (Month) (Day) (Year) 9 (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (except While At Not While [(APPROX.) puo Work At Work 22. I certify that (1) (this haspital) attended the deceased fram 1-25 19 6 8 and that in(my) (aur) apinlan death accurred an the date that (I) (we) last saw the deceased alive an... pe ō eath) hospital and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED D Attending [Med. Staff 10 Phys. Phys. Director approval ō 23C/PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to An 24A. BURIAL CREMATION, 248. CEMETERY OF CREMATORY deceosed 0.0 REMOVAL (Specify) written BURIAL 1-26-68 BNAI ISRAEL BALTIMORE, MARYLAND 0 \$ 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS LEVINSON & BROS. 6010 REISTERSTOWN 3 VS 150-REV. 1/1/6B



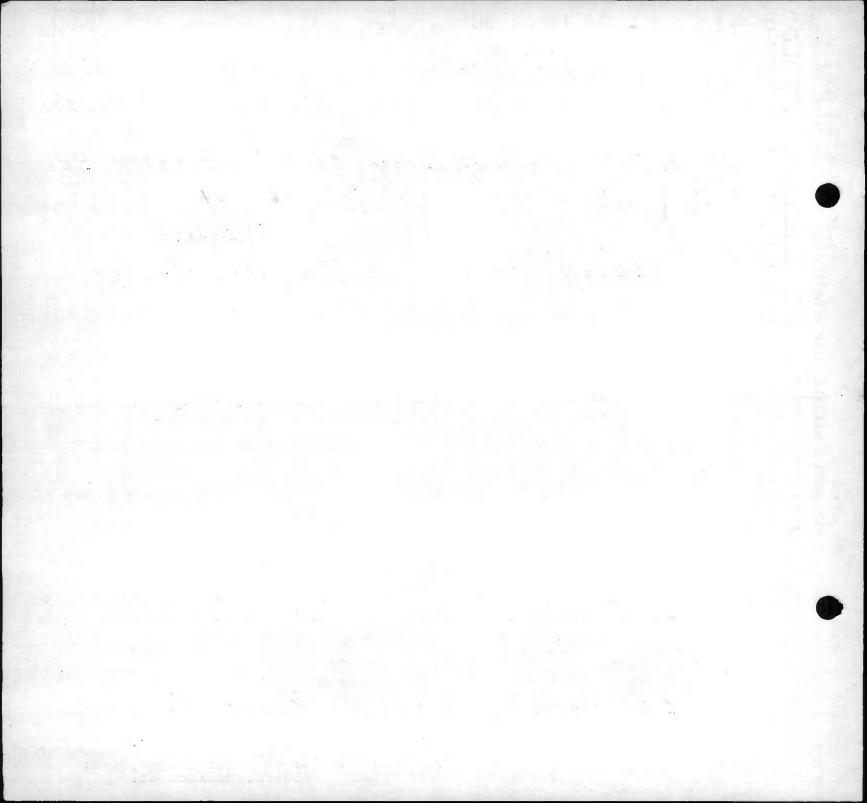
68-1079 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 68-1079

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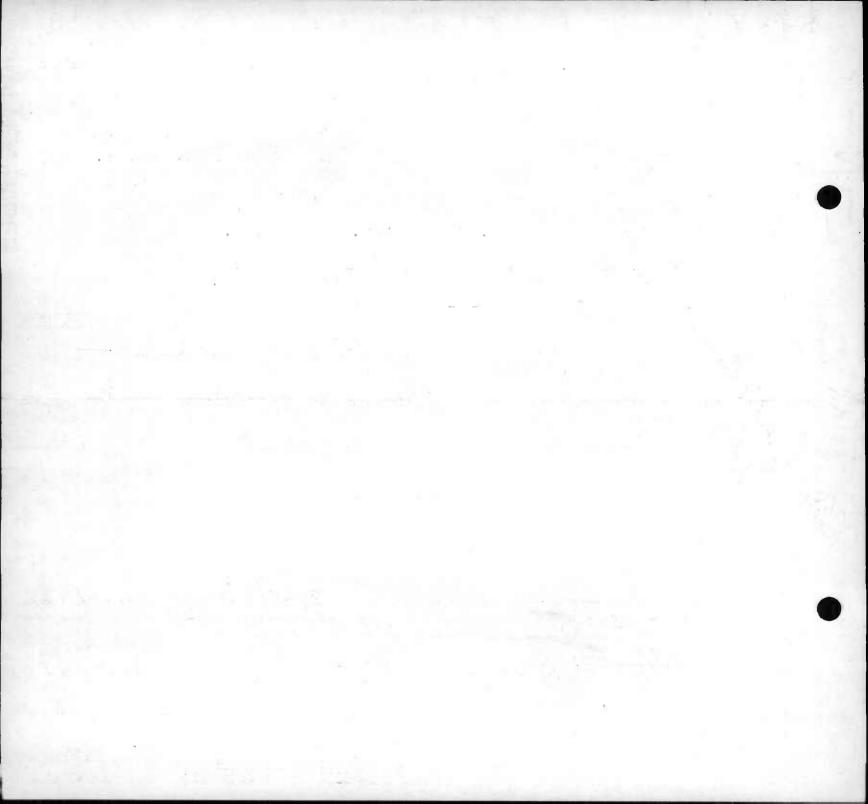
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 00 1079
1. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print) HERNAN HYATT	OF DEATH Estimoted 1 24 68 10:12a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION)	PRONOUNCED DEAD January 24 1968 10:12a M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
200 Married DOA	A. STATE B. COUNTY
Mercy Hospital D.O.A.	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKKED I NEVER MAKKED	
Male White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
62	5041 Chalgrove Ave.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
RUSSIA WHAT COUNTRY?	LOUIS HYATT
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired) ENTERTAINER	SARAH HARRIS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	2715 A HANSON AVE.,
NO CAUSE OF DEA	MRS. DOROTHY SCHWARTZ, APT. 2 B #21209
19. 4 / 2 1 YI CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteri	osclerotic Cardiovascular Disease
LEADING TO DEATH	CAUSE
(This does not meon the mode of dying, e.g., heort foilure, osthenlo, etc. It meons the diseose, injury or complication which coused de oth.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
E 422,/ II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
ō	No
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	, in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, office	ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	T WHILE
(APPROX.) m. WORK AT	WORK L
23.	
	utopsy ond that on this basis, death in my opinion
resulted from: Natural causes X / Accident Suici	de Homicide Undetermined manner
X	CHIEF MEDICAL EXAMINER
ACTUAL TOURS TO MALE	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.I	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	/ or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	COUTHEDN AVENUE
BURIAL 1-26-68 BNAI ISRAEL	SOUTHERN AVENUE
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 26 1968 P. P. R. E. Fr. D. M.	SOL LEVINSON & BROS., 6010 REISTERSTOWN RO
VS 151-REV. 1/1/6B	

VS 150-REV. 1/1/68

11	68 1080 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68 1080
Ped at	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
death death eased n the Sucl	1. NAME OF DECEASED / Anthony 2. DATE AND HOUR OF DEATH
of deat Of deat Decease e on th	(Type or Print) USEPH PORE//a 1-23-68 5:25 P.M.
De De ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
se (5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
se; se; to	INSTITUTION D. INSIDE CITY EMMISS
_ 5 6	Baltimole YES NO L
oting od cau ir att prior	South Baltimore GENERAL Hosp. 3007 Mc Elderry St.
tribu mine gula sed mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Unge 1 Yr. Month's Doys Hours Min.
occur ontrik ermin regul eased is ma	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
the in the	done during most of working lite, even if retired) Baltimore
90 E 5 =	Guard Globe Detective Agency Maryland
if d (4) U wa the spos	(or Stephen)
di, (di	Steven Porcella Nangaret Non Ney 15. Was Deceased Ever in U. S. Amed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
a e e in e	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.
S + 1 = = =	no 216-05-2431 Mary Glos Porcella, wife, above
o d ce	DISEASE OF CONDITION DIRECTLY
_ <u>~</u> 0 = ± 0	LEADING TO DEATH (A) IMMEDIATE CAUSE Preumonia brancho preumonia 248 hours
er or cture orono ar at balm	heart foilure, asthenia, etc. It means the disease,
ine act act pr ula	injury or complication which caused death,)
A fr	DISEASES OR CONDITIONS, if any, giving DISTAGES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
excexco 3) / 3) / n in r	rise to the above cause (A) stating the
ical isal is; (ciar as i	190.4 II
D 3 F	
med med bu phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
chie Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location)
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
tal by; (2) there you before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
d by	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
ho ho nat	While At Work Not While
D N X L IO	22. I certify that (this haspital) attended the deceased from 1-20, 19 68 to 1-22, 1968,
G 0 0 . 0	that (We) lost sow the deceased olive on 1-32 19 68 and that in (any) (our) apinian death accurred on the date
007-	ond haur ond fram the causes stated abave. (1) (We) (did) (dld not) view the body ofter deoth.
ust be eased dent iospit deat must	23A SIGNATURE 23B. DATE SIGNED Attending Med. Stoff 12
	John allow Digital Min Degree Phys. Director Phys. 1 January 23 1968
An a An a prior	NAME (Type) 23D. ADDRESS 23D. ADDRESS
	24A. BURIAL CREMATION, 24B. DATE 24CHAME of CEMETERY of CREMATORY 250. LOCATION (City, town, or county) (Stote)
This certification the body was shows: (1) An was D.O.A. at deceased prior written appro	REMOVAL (Specify)
This cert the body shows: (I was D.O deceased	la de la
This of the bashow was decement	JAN 20 1968 258. NAME OF REGISTRAR 258. NAME OF REGISTRAR Schimunek Funeral Home, Inc. 2601 E. Madison St.
	ever be managed by



		BALTIMORE CITY	HEALTH DEPARTMENT		(10)	
B	68 1U81	CERTIFICA	TE OF DEATH	REG. NO	68 1081	
	NAME OF DECEASED Type or Print) JOHN B. STEGER		Janu	nd hour of death pary 24, 1968		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Who		stitution: residence before admission)	
Ш	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	IOSPITAL OR ADDRESS OR LOCATION)			DE CITY LIMITS?	
II.		Baltimore		YES NO X		
	O 4628 Belair Road Baltimore, Maryland 212	13	E. STREET AND NUMBER 4628 Belair	Road, Baltin	more, Md. 21213	
S	SEX 6. RACE 7. MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
H	male white WIDOWED	DIVORCED	May 21, 1896	lost birthdoy)	Monns Doys Hours Min.	
lh	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	lone during most of working life, even if retired) Firefighter Balto.	City Fire De	pt. Baltimore,	, Md.		
ļ	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	William Steger		Martha Magro	ider		
1	S. Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL	17. INFORMANT (nee	Thierauf)	ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITI NO.	\		20770	
	J	LL-0227	Mary Ann Steg	ger, wire, a	APPROXIMATE INTERVAL	
I	1B. 4/241	CAUSE OF DEATE	· ^ ^		BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(12 + M	11/1/		
W	(This daes not mean the made of dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	ounded John	whi.	
N	hearf failure, asfhenia, etc. It means the disease, injury or camplication which caused death.)		2 /			
	ANTECEDENT CAUSES	(1.t-	OF H	- 1. ·	82 -	
	VS	(B) CHURCH	A CONSEQUENCE OF:	a forman	wyther	
4	I DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the	562 10, 54 16				
	UNDERLYING CONDITION last.	(c)				
11	_ 420./ II					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
		CH OPERATION	20 A. AUTOPSY? (Yes or N	ON IE VES WEDE	FINDINGS CONSIDERED	
	198. CONDITION FOR WHI	CH OPERATION	ZOM. AUTOPSTETIES OF IN	IN CERTIFYING CA	USES OF DEATH?	
	O 121A, ACCIDENT WAS UNDERLYING! 1 1218, PLA	ACE OF INJURY (e.g., it form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltima	e City, give exact location)	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?		
1	(APPROX.) While	At Work		/	, ,	
	22. I certify that (1) (this hospital) attended the	deceased from	3/15/	19 68 ta	1/24/ 1968	
		1/	12 1968 and.	that in (my) (out) and	nian death accurred on the date	
1	that (1) (ma) last saw the deceased alive an					
	and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATUSE 23B. DATE/SIGNED					
	17/1/ - n B 11	Atte	nding Med.	Staff	1/24/10	
	Mond Dridley	DEGREE Phys	5. Director	Phys. L.	1/29/68	
	23C.PHYSICIAN'S NAME (Type) Dr. Albert Bradley		23D. ADDRESS 4900 Belair	Road	,	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAM	DEGREE E of CEMETERY OF CRE	, ,		ity, town, or county) (State)	
	REMOVAL (Specify)					
				Baltimore,	Md.	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	Talkey MA	Schimunek Fr 3331 Brehms	uneral Home	ADDRESS	
1 6	VS 150-REV. 1/1/68					

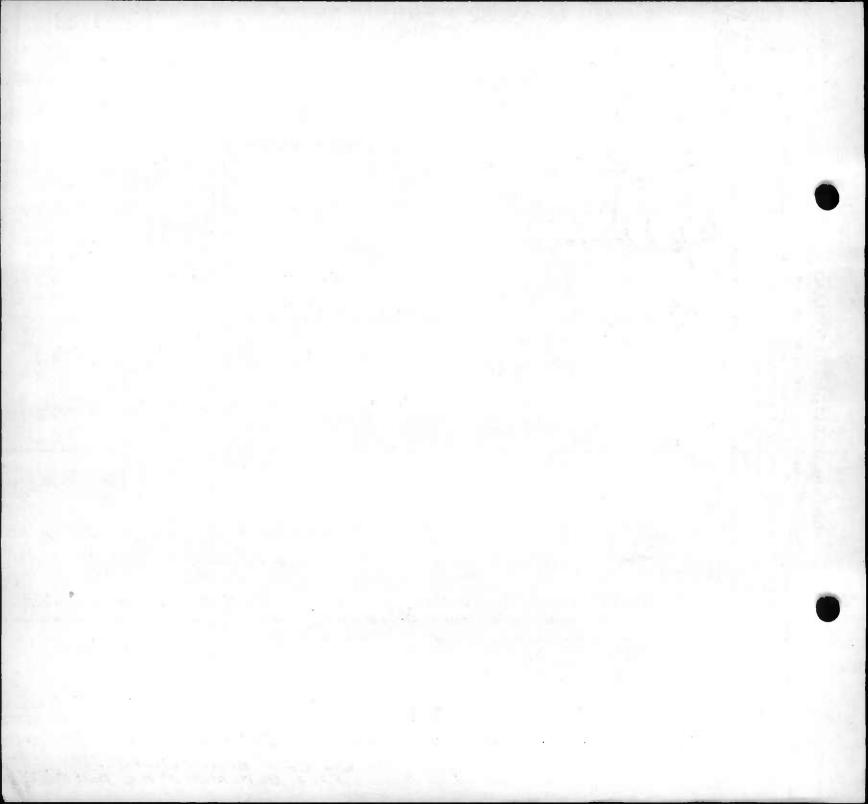


VS 150-REV. 1/1/6B

)	8	 1082	BALTIMORE CITY HEALTH	DEPARTMENT

68	- 1	082

0 t	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	1502		
on the	TYPE OF DECEASED Type or Print) AMOS Edi	ward	2. DATE AND	HOUR OF DEATH	3:55 A. M.		
÷ 1	3. PLACE IN BALTIMORE, MARYLAND, WE	L OR INSTITUTION, GIVE STREET	A, STATE B. COUNT				
attendance ior to deat	HOSPITAL OR ADDRESS OR LOCA	non)	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO				
See a	BON SCEOURS H	ospital	E. STREET AND NUMBER	Frederick	Road		
gula sed mad		WIDOWED DIVORCED	B. DATE OF BIRTH 9.	AGE (In years If U Mont	nder 1 Yr. If Under 24 Hrs. hs Days Hours Min.		
ed is	10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even it retired)		11. BIRTHPLACE (State or foreign	n cauntry) 12. (CITIZEN OF WHAT COUNTRY?		
was in the dec	Auto Salesman 13. FATHER'S NAME	Retired	Baltimore, 14. MOTHER'S MAIDEN NAM	Mde	1.3.A.		
, T vi	Amos, John		Max tha	Fahnesi	tock		
death ince on final di	15. Was Deceased Ever in U. S. Armed Farc. (Yes, no ar unknawn) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	Admission		ADDRESS		
dan or fi	18.428XI	CAUSE OF DEAT		07/627	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
9 9	DISEASE OR CONDITION DIR	CTLY	PEDEROAL HI	MADRAHAE	9 DAYS		
onon r att	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,						
ula m b	injury ar camplication which caused	death.)	20151 516=	00-			
who reg	DISEASES OR CONDITIONS, if a	ny, giving (B)TO C /	ACONSEQUENCE OF:	2027=	UN KNOWH		
in in se	rise to the obove cause (A) UNDERLYING CONDITION last.	stating the (C)					
physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTOURS TO THE DEATH BUT NOT RELATED TO THE			-			
sici	DISEASE OR CONDITION GIVEN IN PART	+ (A). ITTON FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED DF DEATH?		
000	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, a etc.)	n or about 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If In Baltimore City,	give exact location)		
ept wh (6) N ined b	21D. TIME (Manth) (Day) (Yeor) OF INJURY (APPROX.)	(Haur) 21E. INJURY OCCURRED While At	21F. HOW DID INJU	RY OCCUR?			
(exce ; and obtai	22. I certify that (I) (this haspital)	attended the deceased from	7N 16 19	168 to JAN 2	4 1968.		
	that (I) (we) last saw the deceased			t in(my) (aur) apinlan o	leath occurred on the date		
hospital o death) I must be	and hour and fram the couses state	ed abave. (I) (We) (did) (did nat)	view the bady after death.	238, 1	DATE SIGNED		
두수늘	SW Q	Ath Phy	s. Director L P	toff hys. \(\sqrt{\sq}}}}}}}}}}}}} \signtimes\signtifta\sinthintit{\sintity}}}}}}}} \simptintimes\sintitex{\sintitta}\sintitita}}}}}}}}} \endittinnegeries\signtifta}\signtifta\sintititit{\sintitit{\sintity}}}}}}}}} \endittinnegeries\signtifta\sintitita\sintititit{\sintititit{\sintitititit{\sintiin}}}}}}}} \endittines\sintititititititititit	AN 24 68		
- >	23C. PHYSICIAN'S NAME (Type)	G. HONG	130N SF	ECOURS K	tos PITAL		
od p	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR		CATION (City, taw	rn, ar caunty) (State)		
eceased	Burial 1/27/			tonsuille, n	12		
was D.O.A. at deceased prio written appro	2SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		and ADDRESS Balt Md 28		
		CALL STATE OF THE	6212 Bal	t. Mat. Fil.	DOIT PIE ZO		



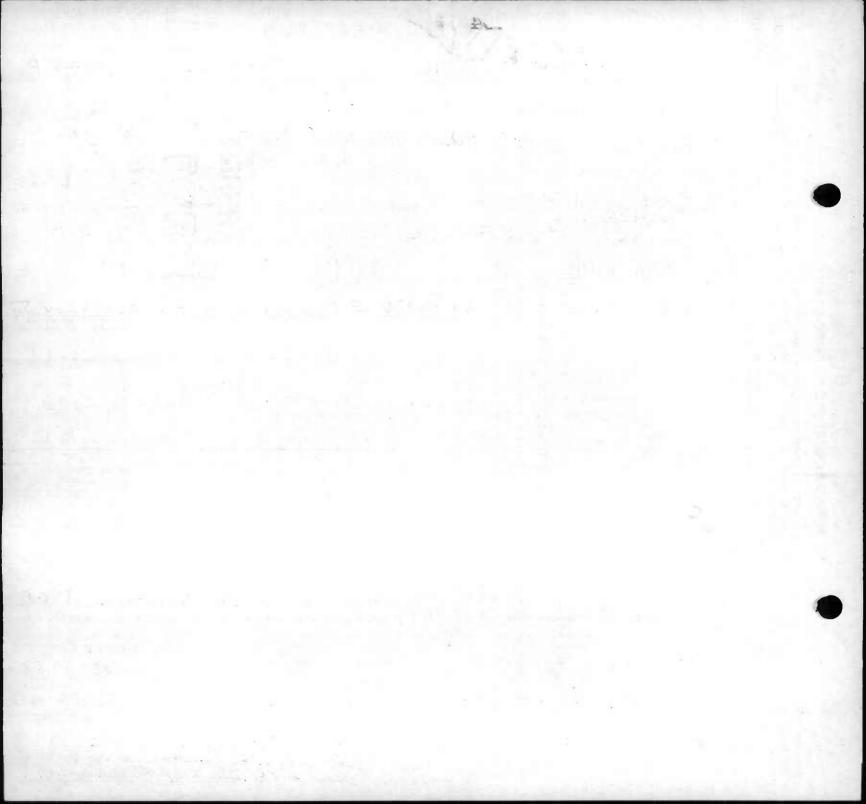
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO.

RTH NO.								1		
NAME OF DEC	Ingebi	gt G. Ka	llevik	2. DATE Know		Month	Doy	Yeor	Hour	
	KKKKK KKKKK	XXX		DEATH Estime	oted 🗌	1	24	68	1:05	Р м.
PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONO	DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
JLL NAME OF OSPITAL	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	PRONOUNCED D	Ta	anuar	v 24.	1968	1:05	n
RUNSTITUTION	ADDRESS OR LOCA	illow)		5. USUAL RESIDENC	E (Where d	eceosed li	ved. If institution	on: residence b	efore odmis	sion)
5							B. COUNTY	1	11	1
	Baltimore Ge				У		F	1	1 - 6	-
SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN	<u> </u>	und.	D. INSIDE	CITY LIMITS?	2	11-3
ade	White	WIDOWED	DIVORCED [MANAXANA	XKKK	XXXXX	,	YES T	NO [] 2	4-
DATE OF BIRT			nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.	E. STREET AND NU	MBER .		und, No	rway		
6-30- 19	46 Islando	'A .	ins Doys Hours Min.	AXAXAXNES/	MXXXX	XX M	kshein	Lway		
	Stote or foreign country)		CITIZEN OF	13. FATHER'S NAME	THO WA	any 110	KShein	1,		
	1.1		WHAT COUNTRY?							
	es, Norway	148 KIND OF	Norway	Unknown						
ne during most of v	PATION (Give kind of work working life, even if retired)	148. KIND OF	ROSINESS OK INDUSIK	13. MOTHER'S MAID	EN NAME					
Seaman		XXX	Ships	Unknown						
. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFORMANT	Calı	vert	and Red	ADDRESS SI	-	
No No	(If yes, give wor or dotes	of service)	SECURITY NO.	O. Nielse						
119.	0001		None CAUSE OF DEA		11 003	Ma.	II ust b	APP	ROXIMATE IN	TERVAL
1-0	561/				3-			BETWI	EEN ONSET A	ND DEATH
1	E OR CONDITION DIRE	CTLY	Mult	iple injurie	es					
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE						
	ot meon the mode of dy , osthenio, etc. It meons the			AS A CONSEQUENCE O	F:					
injury or con	mplication which coused dea	oth.)								
DISEASES O	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.	Y, GIVING TING THE	Section 1	AS A CONSEQUENCE	OF:					
			(c)							
TO THE DE	II NIFICANT CONDITIONS COATH BUT NOT RELATED TO RECONDITION GIVEN IN P.	THE TERMINAL								
	F OPERATION 208. COI		WHICH OPERATION W	AS PEREORMED				21 AUTO	PSY? (Yes o	r No)
0		10111011101	William Of Experience W.	AS TERT ORNIES				211 A0101	311 (,
								N	0	
	NAL CAUSE WAS STOR CONTRIB-	22B.	PLACE OF INJURY(e.g., e, form, foctory, street, offic	in or obout 22C. WHE	RE DID (IF	in Boltimo	re City, give e	xoct location)	11	
	USE OF DEATH.		Ship		ort Cu	wingt	on of	4-0	4	
22D. TIME	(Month) (Doy) (Yeo	r) (Hour) 2	2E.INJURY OCCURRED	(4-) 22F. HOV	DID INJU	IRY OCC	UR?			
(APPROX.)	** 1		VHILE AT NOT	WHILE			1	. 1	1	1
23.	Unknown	m. V	VORK X AT V	ORK L Subje	ect_in	jured	in shi	lp boar		
	rify that I held on I	mauring [Inspection X Au	anney D and al	na an thi	a basis	donth in my		boom	brok
		nquiry					deoth in my			
resul	ted from: Natural cau	ses L	ccident Suicio	le Homicide	L U	ndetermi	ned monner			
	1.	11	1 10	CHIEF MI	DICAL EX	AMINER			DATE CICA	IED
ACTUAL		WE of	· WILL	ASSISTANT M	EDICAL EX	AMINER	Tx .		DATE SIGN	NED
SIGNATI			M.L	ASSOCIATE M	EDICAL EV	AAAINIED				
NAME (1		E LIST.	son, M.D.	A330CIAIE M	LDICAL EX	MININEK	.T.	anuary	24. 19	68
A. BURIAL CRE	MATION, 24B, DATE	24	C. NAME of CEMETERY	OF CREMATORY	24D, LC	CATION		wn, or county)		
EMOVAL (Speci	ify)		dicity ,	Tayen			1			
Remov	a 12611	968 1	loksheim	, Norway	Mo	Ksh.	eimil	Votwo	2V	
SA. DATE REIC/D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL	DIRECTOR	?		ADDRESS	/	
2011	W Z 6 1968 (1)	o sent E	. talber M.A	100						
				Wm. Coo	k-Broo	oks,	Inc. Ba	lto., N	1d.212	02USA

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-0 G - G	BIR	CERTIFICATE OF DEATH REG. NO. 1084 CERTIFICATE OF DEATH
f deat eccase on th	1. N (Typ	AME OF DECEASED LOUIS LEWIS B. KUHL 2. DATE AND HOUR OF DEATH JAN. 25, 1968 8 45 Pm. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
a hospi ause o e; (5) D ndance to deat	INS	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) A. STATE B. COUNTY M. STATE D. INSIDE CITY (HIMMIS?) D. INSIDE CITY (HIMMIS?) R. STATE B. COUNTY M. STATE
ting of caused c	30	FRANKLIN SQUARE HOSPITAL BALTIMORE VES NO 1 NO 1 4/9 S. BENTALOUST.
ntribu rmine egular ased p	5. S	EX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Hours Min. MALG White WIDOWED DIVORCED 2-7-0/
death or co Undete as in r dece	dan	USUAL OCCUPATION (Give kind all work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) RETIRED STEEL HAG. BALTIMORE, MD. 14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME
direct direct d; (4) U ath was on the	15.	FRANK KUHL Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
assiste if the ny kin d dea lance r final	(Yes	NO NONE SECURITY NO. 216-14-080/ EVELYN KULL 419 SENTALOU ST. CAUSE OF DEATH CAUSE OF DEATH
r. Also, in the of an conounce of an attend		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hear) failure, asthenia, etc. II means the disease,
examine examiner (3) A fract on who pr in regula		ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving lise to the abave cause (A) stating the UNDERLYING CONDITION last. (B) Congestive Heart failure Years, DUE TO, OR AS A CONSEQUENCE OF: (C)
ief medical a medical ody burns; ne physicie ician was	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION WAS PERFORMED
y the chital by e; (2) Bothere the No phys	CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, foctory, street, office bidg., INJURY OCCUR? DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, foctory, street, office bidg., INJURY OCCUR?
oved by naturate work (6) Itained	MEDI	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED Ville At Work 21F. HOW DID INJURY OCCUR?
of any of any of any (ex th); are be obtained.		22. I certify that (I) (this haspital) attended the deceased fram 7; 45 PM, JAN, 23 19 68 to 8; 45 PM, JAN, 2519 68, that (I) (we) last saw the deceased alive an 8; 45 PM, JAN, 25 19 68 and that In(my) (aur) apinian death accurred an the date
must be a eleased to ccident of a hospital to death) all must be		and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Phys. Director Phys.
	24.	23C. PHYSICIAN'S NAME (Type) HYUNG KON LEE, M. D. DEGREE 100 N. CALHOUN STR. BALTIMORE, M.D.
his cert he bod hows: (vas D.C ecease rritten	-	REMOVAL (Specify) BY PIAL 1-29-68 LOU DON PARK DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JAN 26 1968 ROLL & Journal County (State) LOUIS REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR LOUIS REC'D BY HEALTH DEPT. 25B
される 3 点 3	L_	150. PEV 1/1/48



VS 150-REV. 1/1/68

	00	BALTIMORE CITY	HEALTH DEPARTMENT				
	68-1	USS CERTIFICA	TE OF DEATH	REG. NO	68-	1085	
1	RTH NO.			HOUR OF DEATH	1		
(Ту	pe or Print) JOHN APPEC			lary 23,			
II H	PLACE IN INTIMORE MARYLAND WHERE PER ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	MENDED	4. USUAL RESIDENCE (Where A. STATE B. COUNT M. C. CITY OR TOWN	e deceosed lived. If i		10-07	
6	FRANKUN SAUARE	HOSPITAL	BALTIMORS E. STREET AND NUMBER 314 EDGS	= 29 EWOOD	YES -	NO 🗌	
5,	SEX 6. RACE 7. MARE WIDON	THEY THEY EK MAKKIED		AGE (In years ost birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hrs. Oys Hours Min,	
10/	LUSUAL OCCUPATION (Give kind of work 108, KINI		2 10	in country)	12. CITIZEN	OF WHAT COUNTRY	
do	RETIRED		MARYLA	ND.	u	.s.A	
13.	FATHER'S NAME		4. MOTHER'S MAIDEN NAM	E			
1	JOHN APPEL		ELIZABETH	GINTER	2		
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	7. INFORMANT	9110101	A	DDRESS	
1100	s, no or unknown, the yes, give wor or doles or servi	SECURITY NO.	LILLIE MILLE	=P 314	LEDGE	ELUDOD ST	
-	18,44 0 44 91	CAUSE OF DEATH		11)) 17		APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It meons the disease,						
1	injury or camplication which coused death.)	,	ı			1	
	ANTECEDENT CAUSES	(B)				oyears -	
	DISEASES OR CONDITIONS, if any, gi rise to the above couse (A) stoting	ving DUE TO, OR AS /	A CONSEQUENCE OF:				
	UNDERLYING CONDITION lost.	(c)		•••••			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN						
REFICA	19A, DATE OF OPERATION 198, CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING C	FINDINGS CO	ONSIDERED ATH?	
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If to Boltimo	ore City, give e	exoct locotion)	
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While At Work	21 F. HOW DID INJU	IRY OCCUR?			
	22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive	ed the deceased fram JHA an 9:15 PM, JHN.	1,22, 18 11 23 19 68 and tha	968 ta 9:11 t in (my) (aur) ap	5 PH, JH	N. 231968	
	ond haur and fram the causes stated obav			3			
	23A. SIGNATURE	0		. /	23B. DATE	SIGNED	
	my X.	The M. P. Atten	ding Med.	Staff Phys.	TAN	,23,1968	
	23C. PHYSICIAN'S HYUNG KO	N LEE, M.D.	3D. ADDRESS	DUA) ST.	BACT	MORE MD.	
24	A. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City, town, or o	county) (Stote)	
	Buriel 1-97-69	Loudon Park	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Baltimore	Md.	, 7	
25	T BENEFIT OF THE PARTY OF THE P	WE OF REGISTRAR	259. FUNERAL DIRECTOR	Wheat 1.	11081	Fun Jens	
1	TO THE TANK OF THE PARTY OF THE	,	1 11	home	- LU TI	1111-12110	

- S. M. The behind of the Butter State

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the body

shows: SDM

deceased

2SA. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/4/68

25B. NAME OF REGISTRAR

and

hospital

0

death

of

Deceased

(5) cause

Such

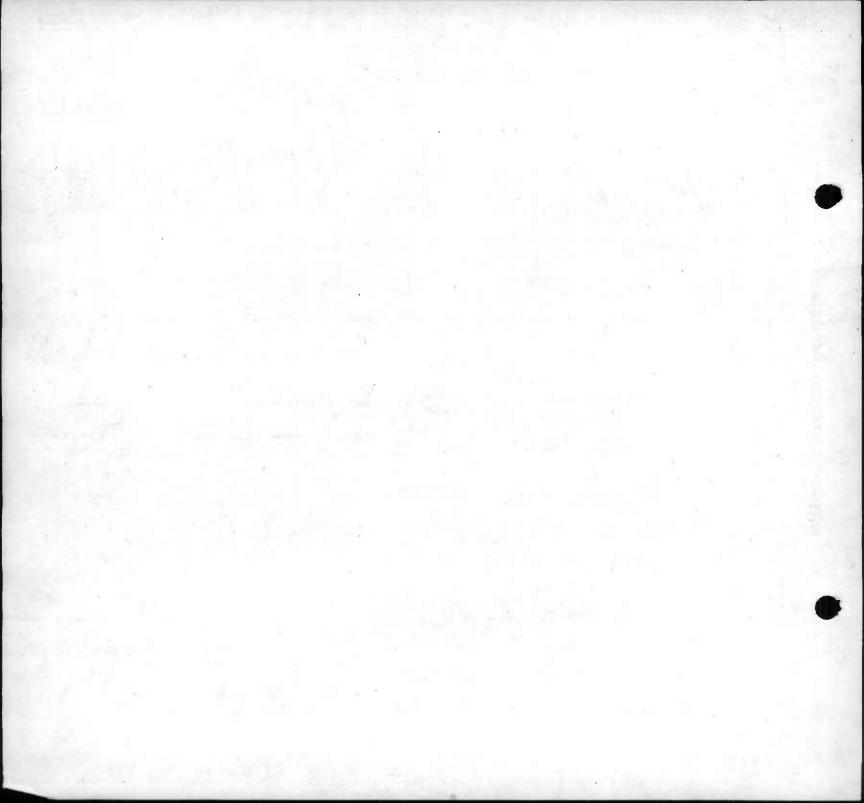
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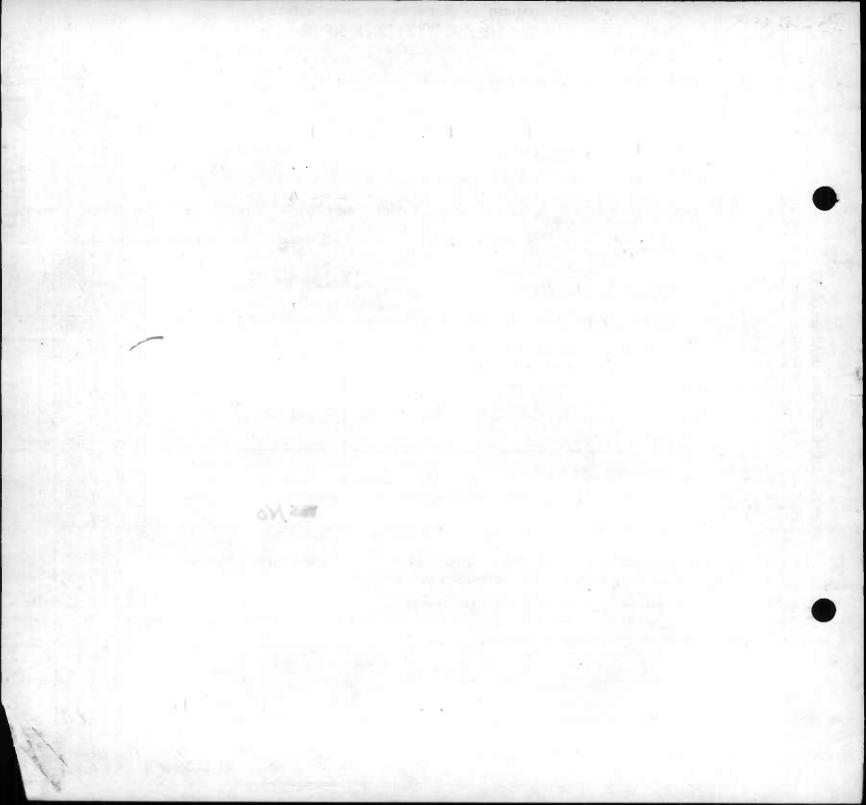
25C. FUNERAL DIRECTOR

ADDRESS



		HEALTH DEPARTMENT		00 400m
68	- 1087, CERTIFICA	TE OF DEATH	REG. NO.	68 1087
IL NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) Lucill	e Bailey		1/20/6	8 645 a.
3. PLACE IN BALTIMORE, MARYLAND, N	WHERE PRONOUNCED DEAD!	4. USUAL RESIDENCE (Where A. STATE B. COUNT		stitution: residence before odmission
FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET (ATION)	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
THE JOHNS HOP		BALTIMORE		YES NO
BALTIMORE, MD	21205	e. STREET AND NUMBER 952 N. EDEN	N STREET	
5. SEX 6. RACE	7- MARRIED NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs Manths: Days Haurs Min.
FEMALE NEGRO	WIDOWED DIVORCED	4-25-15	53	
IGA. USUAL OCCUPATION (Give kind of wardane during most of working life, even if retired)		11. BIRTHPLACE (Stote or foreign	n cauntry)	12. CITIZEN OF WHAT COUNTR
Laborer	Factory	Virginia	7-10	U S A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Edward Bailey		Viola		
15. Was Deceased Ever in U. S. Armed Fo (Yes,na or unknown) (If yes, give war ar dot	les of service) 1 6. SOCIAL SECURITY NO.	Chart,		ADDRESS
118 44 6 6 6	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
18.400,31				BETWEEN ONSET AND DEAT
DISEASE OR CONDITION D		11	0	3 22
(This does not meon the mode o	f dving, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:		2 1/1 0
heart failure, asthenia, etc. It mean	s the disease,	A CONSEQUENCE OF:		
injury or complication which cause		, , , , , , , , , , , , , , , , , , , ,	11 /	
ANTECEDENT CAUSE	S (B) (B)	A CONSEQUENCE OF:	44 pertons	JON 5 years
DISEASES OR CONDITIONS, if		A CONSEQUENCE OF:	//	0
rise to the obove couse (A)	stoting the			
4 4 5 X II	(0)			
Z	ONTRIBUTING			
O OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL			
19A. DATE OF OPERATION 19B. CO	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
198. CO WAS PE	RFORMED	No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltimar	e City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Yeor	Hour 21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not While At Wark	e C		
22			64ta	1/20 1968
22. I certify that (I) (this haspite		/		
that (1) (we) last saw the deceas	sed alive an 1/20	IYand tha	t in (my) (aur) api	nian death accurred an the da
and have and from the causes sto	ated abave. (1) (We) (dld) (did nat) v	riew the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
Alu Alon K	Physical Arter Phy		haff hys.	1/20/18
23 C. PHYSICIAN'S	TO BOREE	23D. ADDRESS		1 1 0
DUDLEY	GOULDEN M.D.	JOHNS HOPKINS	HOSDITA	
LL	GOULDEN M.D. OEGREE	DUTING DUTING	DIOSELIA	
	OEGREE			
REMOVAL (Specify)	24C. NAME of CEMETERY OF CR			ity, tawn, or county) (Stote)
BUBIAL 1 1/28/	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO		ity, tawn, or caunty) (Stote)
REMOVAL (Specify)	24C. NAME of CEMETERY OF CR		County	Md ADDRESS (Stote)

VS 150-REV. 1/1/6B



written approval must be obtained before the remains are embalmed or final disposition is made.

BIR	TH NO.	68	- 1U8	8 CERTIFICA	TE OF DEAT	TH REG.	NO	00-1008	
	AME OF DECE				2. DA	ATE AND HOUR OF		11 004	
		BEULAH BR			The Manual REGIDENC	01 26 68		11:08A M.	
FU	LL NAME OF		TAL OR INSTITU	JTION, GIVE STREET		COUNTY	ved. If institution	25-04	
HC IN!	SPITAL OR STITUTION	ST. AGN		PITAL	BALT I MOI	RE	D. INSIDE CIT YES [
	40				E. STREET AND NUM		21225		
5. 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yellast birthday)	ears If U	nder 1 Yr. If Under 24 Hrs. hs! Days Hours Min.	
F	EMALE	WHITE	WIDOWED	DIVORCED [06 05 05	62			
				BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. 0	CITIZEN OF WHAT COUNTRY?	
dane during most of working life, even if retired) HOUSEWIFE				VIRGINIA			USA		
13.	FATHER'S NAM	ΛE			14. MOTHER'S MAID	EN NAME			
	MILTON	Proplem			Addie	Harper			
15.	Was Deceased	Brooks Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT	BALTO	MD 2122	29 ADDRESS	
(1e:	No	(If yes, give war ar dat	les di servicei	SECURITY NO.	ST AGNES	HOSP RECO	RDS WI	LKENS & CATON	
	18.	0.21		CAUSE OF DEAT	Н			APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY CARDIOVASCULAR COLLAPSE							BETWEEN ONSET AND DEATH	
	(A)IMMEDIATE CAUSE						Hours		
-	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:								
-	ANTECEDENT CAUSES							3 50000	
	DISEASES OR CONDITIONS, if any, giving DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						3 DAYS		
	rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C) SHALL BOWEL VOLVULUS						3 DAYS		
_	5-70	3 11							
ERTIFICATION	TO THE DEAT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
RTIFIC	19A. DATE OF	OPERATION 198. CO		WHICH OPERATION	20 A. AUTOPSY? (Ye		S, WERE FINDING CAUSES O	GS CONSIDERED OF DEATH?	
U	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give a OR CONTRIBUTING CAUSE OF INJURY OCCUR?							give exact location)	
MEDICAL	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At								
	(APPROX.)		Wo		01 22	60	01 26		
	22. I certify that N) (this hospital) attended the deceased from 01 23 19 68 to 01 26 19 68								
	-	that (we) last saw the deceased alive on 01 26 19 68 and that In(my) (our) opinion death occurred on the date							
		ond hour ond from the couses stated abave. (1) (We) (did) (Way has) view the body after death.							
	23A. SIGNATU	//			ending Med.	5. "	238.	DATE SIGNED	
	WE	Legnos	M.D.	DEGREE Phy	ys. Director	Staff Phys.		1/26/68	
	PHYSICIA NAME (T)	N'S (pe)		The SAIN	23D. ADDRESS				
244	BURIAL CREA	MATION, 24B. DATE	24C N	DEGREE		24D. LOCATION	(City ton	en, or county) (State)	
7/	REMOVAL (S	pecify)							
0.5.4	Buria	1/30/	os GI	en Haven Cem.	loco envisore de	Glen Burn	ie AAC	Md	

VS 150-REV. 1/1/68

The Paris and the Maria Albana . The

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FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH death Such Deceased I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CHARLES 0 hospitol of death. 4. USUAL RESIDENCE (Where deceased 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD lived. If institution: residence before admission attendance A. STATE cause IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS 0 YES Y NO Baltimore VERSITY HOSPITAL prior E, STREET AND NUMBER contributing 504 E. Crement St. etermined is made regular S. SEX 9. AGE (In years If Under 24 Hrs. 6. RACE B. DATE OF BIRTH If Under 1 Yr. MARRIED NEVER MARRIED deceased Manths Doys Hours lost bighday) 1879 WIDOWED X DIVORCED Male White IDA USUAL OCCUPATION Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of 12, CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) USA (4) Und Furniture Pa. Salesman Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct Kate Unknown George Kessler LO death kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO. final attendance Box 145 Rt 2 Mr. Carlton E. Kessler any APPROXIMATE INTERVAL 1B. 0 BETWEEN ONSET AND DEATH ACUTE RENAL DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF fracture (This daes not mean the made of dying, e.g., bal heart failure, asthenia, etc. It means the disease, gular ASPIRATION PNEUMONIA injury ar camplication which caused death.) em ANTECEDENT CAUSES who (B)______DUE TO, OR AS A CONSEQUENCE OF: 10 are DISEASES OR CONDITIONS, if any, giving 3 rise la the above cause (A) stating the hysician UNDERLYING CONDITION last. remains M ds Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician the Body 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED the O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A, ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bidg., INJURY OCCUR? (If in Boltimare City, give exact lacation) where OR CONTRIBUTING CAUSE OF MEDICAL hospital ŝ DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except While At Not While (APPROX.) Wark At Work and to the any 22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an. and that In(my) (our) opinion death occurred on the date pe ath) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23B, DATE SIGNED P Attending [Staff 0 approval ō prior 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) An ď 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) eceased 0.0 the body REMOVAL (Specify) shows: Burial 1 29 68 Glen Haven Glen Burnie, A. A. Co. Md. JAN 29 1968 SD 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Mc Cully 130 E. Fort Ave. 70 VS 150-REV. 1/1/6B

THE ELECTION HOSSIAN

ALUTE RENAL FAILURE

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ASPIRATION PURINGERAL

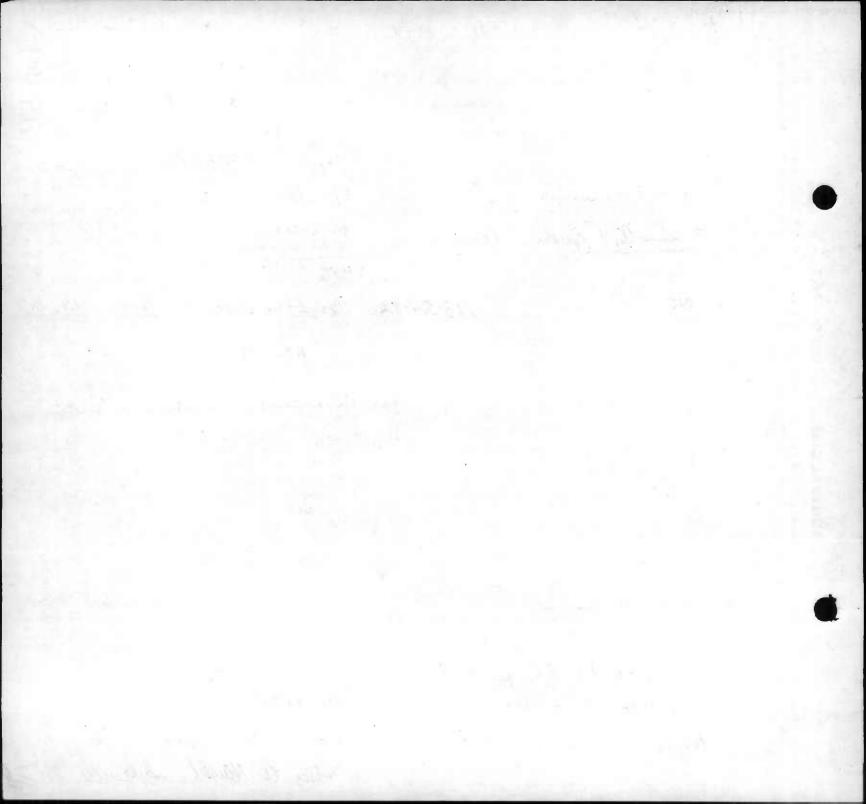
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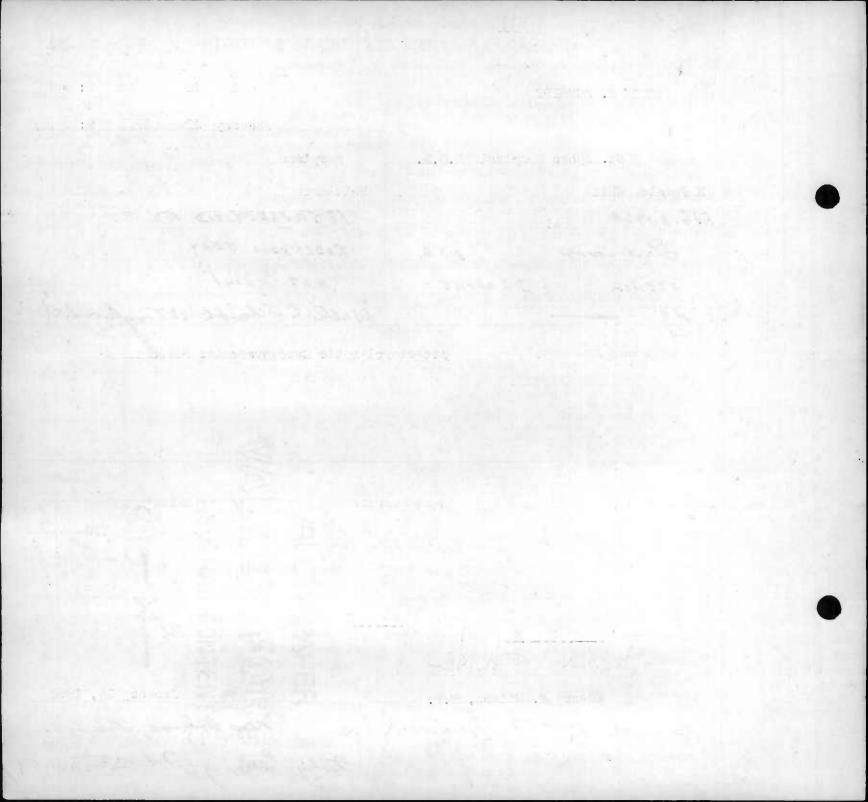
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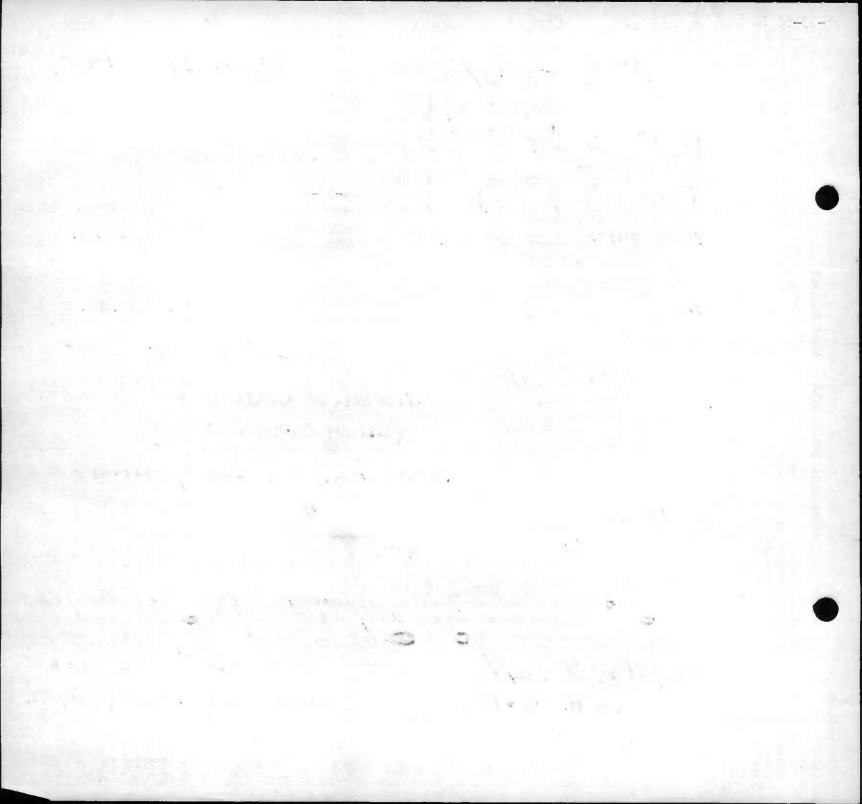
PRIVERS ITTY HOSPITS

0 211	BALTIMORE CITY	HEALTH DEPARTMENT	1	00 4000			
BIRTH NO. 9 10	990 CERTIFICA	TE OF DEATH	REG. NO	68- 1090			
NAME OF DECEASED			HOUR OF DEATH				
Type or Print) HARVEY CUTSAIL		11	24/48	6:02 PM.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD		deceased lived. If i	nstitution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. COUNTY	arril	L 56-00			
INSTITUTION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?			
2 UNIVERSITY HOS	PITAL	SYKESVILLE		YES NO 🔀			
> 0		RH. 4 B 0 X	75				
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED		AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.			
M Cancasian wido	WED DIVORCED	3/04/04	t birthdoy) 43				
tOA, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?			
Feara world! courseles	FARM	MARYLAND		U.S.A.			
13. FATHER'S NAME	1 1/-1//	14. MOTHER'S MAIDEN NAME					
FRANK		CINDA BELLE	HUGHES				
5. Was Deceased Ever in U. S. Armod Forces? (Yes, no grunknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
un Dan	91000H-821	Mes. Effie Ci	temil -	Sykesville. Mel.			
18. // /// 91	CAUSE OF DEATH		LONI	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
LEADING TO DEATH		SE ASCUD		5+ years			
(This does not mean the made of dying,	e.g., DUE TO, OR AS	SE A SCUD A CONSEQUENCE OF:		Jeny 3			
heart failure, asthenia, etc. It means the disc injury ar camplication which coused death.)	heart failure, asthenia, etc. It means the disease,						
ANTECEDENT CAUSES	٥	.11	1	5 0			
	(8)	sible my ocardial	Lixtanti	on 5 days			
DISEASES OR CONDITIONS, if ony, gi							
UNDERLYING CONDITION lost.	(c) Hy:	potension; reno	L shutd	own sdays			
420,1							
OTHER SIGNIFICANT CONDITIONS CONTRIBUT							
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL						
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		NO	III CERIII IIIIO C.	AUSES OF DEATH.			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimo	ore City, give exact location)			
O 21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?				
OF INJURY	While At Not Whit						
(APPROX.)	Work L At Work						
22. I certify that (1) (this hospital) attended	ded the deceased from	1/19 19	68 to	1/24 19 48			
that (I) (we) lost sow the deceased alive	1/2/	19 68 ond that	in (my) (aur) op	inion death occurred on the dote			
and hour and from the causes stated abo	ve. (1) (We) (did) (did not) v	iew the body after death.					
23A. SIGNATURE	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 238. DATE SIGNED						
1.0 - n. Va	Atte	nding Med. Sh	He D	1/24/48			
Ronica M. Kluze	M. W GEGREE Phys	s. Director Ph	off ys.	1/24/68			
Ronica M. Kluge 23C. PHYSICIAN'S NAME (Type)	M. W GEGREE Phys	23D. ADDRESS		1/24/68			
Ronica M. Kluze	M. W GEGREE Phys	s. Director Ph		1/24/68 ITAL			
Romica M. Lluge 23C. PHYSICIAN'S 23C. PHYSICIAN'S PAME (Type) RONICA M. KLUGE 24A. BURIAL CREMATION, 124B. DATE 12.	M. W GEGREE Phys	Director Ph Director Ph Director Ph UNIVERSITY	Hosp	1/24/68			
Ronica M. Kluge 23C. PHYSICIANS NAME (Type) RONICA M. KLUGE	M.D. GEGREE Phy	Director Ph 23D. ADDRESS UNIVERSITY MATORY 24D. LOC	HOSP	1/24/68 1TAL City, lown, or county) (Stote)			
Romica M. Lluge 23C. PHYSICIAN'S NAME (Type) RONICA M. KLUGE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1-27-68	M.D. GEGREE Phy	Director Ph 23D. ADDRESS UNIVERSITY MATORY 24D. LOC	Hosp	1/24/68 1TAL City, lown, or county) (Stote)			
Romica M. Lluge 23C. PHYSICIAN'S NAME (Type) RONICA M. KLUGE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1-27-68	M.D. DEGREE Phy. AC.NAME OF CEMETERY OF CRI LAKE VIEW	Director Ph. 23D. ADDRESS UNIVERSITY EMATORY 24D. LOC EMELERY Si	HOSP	1/24/68 1TAL City, town, or county) (Stote)			





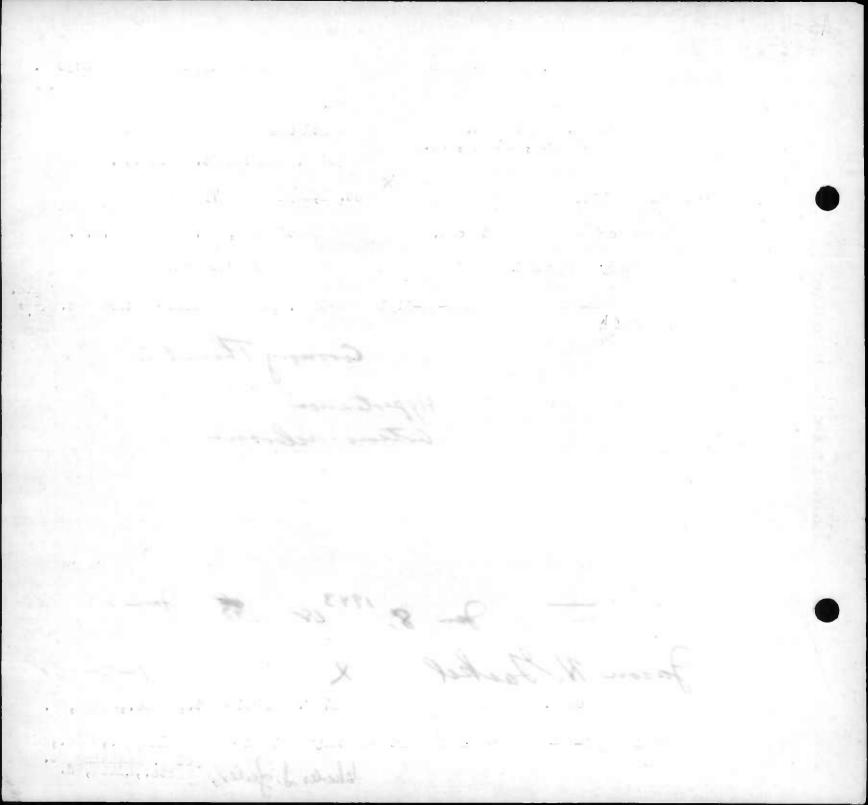
D 5.4 CO 1	BALTIMORE CITY	HEALTH DEPARTMENT	
R-543 68-11	CERTIFICA	TE OF DEATH REG. NO.	-68 - 109.
1. NAME OF DECEASED (Type or Print)	Pernolds	2. DATE AND HOUR OF DEATH	Jan 1968- M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY MARYLAND	stitution; residence before admission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	Y O	C. CITY OR TOWN D. INS	IDE CITY LIMITS?
19 gillingan	rosputal	BALT IMORE E. STREET AND NUMBER	YES 🛣 NO 🗌
BALTIMORE, MD.		37 S. HIGHLAND AVENUE	#21224
FEMALE WHITE WIDO		8. DATE OF BIRTH 12-17-75 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		12, CITIZEN OF WHAT COUNTRY
Housewife A	T HOME	MARYLAND, BALTIMORE.	U.S.A.
FRANCIS HOLTZMAN		MARY ANN DUNNIGAN	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL		ADDRESS
(Yes, no or unknown) (It yes, give wor or dotes of serv	SECURITY NO.	RECORDS: 4940 EASTERN AVE.	
18. / 9 9 , 0 1	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Ca-li Avens	
(This daes not mean the made of dying,		A CONSEQUENCE OF:	
heort foilure, asthenia, etc. It means the dis- injury or complication which caused death.)	ease,		
ANTECEDENT CAUSES	(B) Wide	spread Carelhoma	
DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS		
rise la lhe abave cause (A) slaling UNDERLYING CONDITION last,	(c)	ite of Onigun Unknow	
_ 199:2 II	. 1	1 / 11 .	1, 1/
OTHER SIGNIFICANT CONDITIONS CONTRIBUT		charge from Uninary	bladder.
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		NO IN CERTIFYING CA	USES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID (If in Baltimo	re City, give exoct location)
DEATH (notify medical examination	etc.) None		
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work Not Whi At Work		
22. I certify that (this hospital) attended	and the deceder in all	13 can vary 19 6 to a	4 January 19 68
that (I) (last saw the deceased alive	an ay Janua	19 68 and that in(my) (m) ap	inian death accurred an the date
and have and from the causes stated aba	ve. (I) (did) (400)	view the bady after death.	loop DATE EIGHED
23A. SIGNATURE	Dh.	ending Med. Stoff Phys.	23B, DATE SIGNED
23C. HYSICIAN'S NAME (Type)	DEGREE ""	23D. ADDRESS	7// 0.44/
Wohn It- lex	Ter DEGREE	Baltimore City No	spiral, Gall, Md.
24A. BURIAL CREMATION, 24B. DATE 2 13 URIAL 1-27-68	4C. NAME OF CEMETERY OF CE	TO THE TOTAL	BALTO, CO, MD
25A, DATE REC'D BY HEALTH DEPT 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR (2211 1	ASTERAL ADDRESS
3 1908 (Cla	it E. Jankeyma	Charles & Spiles BALT	ASTERNADASSE.
VS 150-REV. 1/1/68		0	



	BALTIMORE	CITY	HEALTH	DEPARTMENT
4000				

REG. NO	68-	1093
1120.110		

BIRTH NO.		00	JUSTO CERTIFICA	TE OF D				
1. NAME O	F DECEASED					D HOUR OF DEATH		
.,, ре от т	A	MNA M. I	BAUE RNFE IND			ary 23,1968		:30 A. M.
3. PLACE I	N BALTIMORE	MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE	B. COUN	e deceosed lived. If i	nstitution: residence	before odmission)
FULL NAM	NE OF UE N	O LATIGOON AL TOL	TERRET AVE. MOTHTENI OF	Md.			221	0-11
HOSPITAL	OR ADD	RESS OR LOCATION	OR INSTITUTION, GIVE STREET	C. CITY OR TOV	VN	D. INS	IDE CITY LIMITS?	- 11
IN SILIO IIO	40	6 S. Clint	ton St.	Balti	more		YES N	101
10	Ba	ltimore,	21224 , Md.	E. STREET AND	NUMBER			
				406 8	. Clin	ton St. # 2	21224 .	
5. SEX	6. RACE	7. N	AARRIED NEVER MARRIED	B. DATE OF BIR	ТН	9. AGE (In years lost birthday)	If Under 1 Yr. Months: Doys F	If Under 24 His.
Fema	le Wh	ite w	DOWED DIVORCED	Oct. 2,1	.892	75		
			KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN OF V	WHAT COUNTRY?
	most of working life		At Home.	Ba	ltimore	e . Md.	U.S.	Α.
3. FATHER	'S NAME			14. MOTHER'S				
	Henry	Bauernfei	ind		Mar	garet Rauh		
5. Wos De	ceosed Ever in U	. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	DELLO
No	' ' '		212-22-3151	Marie	A. Doug	ghney 2222	Eastern A	
1B.	10.0	1	CAUSE OF DEAT	н				IMATE INTERVAL
7	DISEASE OR CO	NDITION DIRECT	LY				D BEIWEEN	ONSET AND DEATH
	LEADING	TO DEATH	(ANIMMEDIATE CA	USE CAPON	Company	/ homel	nais ?	>
		the mode of dying elc. It means the		A CONSEQUENCE	OF:		-	
		which coused deo			0			
	ANTECED	ENT CAUSES	Lly ne	tourin	۰.		5	
DISEA	SES OR CON	DITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENC	E OF:			
		cause (A) slat	ling the		.1		7	
UNDE	RLYING COND	TION losi,	(c) C	nip	Clara			
z 42		II	NUTLIO					
O O HEK		NDITIONS CONTRI						
DISEAS		GIVEN IN PART 1 (A). ON FOR WHICH OPERATION	20 A. ALITOPS	Y? (Yes or No	20B. IF YES. WERE	FINDINGS CONSID	ERED
19A. DA	TE OF OFERALI	WAS PERFORM				IN CERTIFYING CA		
21 A. A	CCIDENT WAS	UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. W	HERE DID	(If in Boltimo	re City, give exact lo	cotion)
OR CO	CCIDENT WAS NTRIBUTING [CAUSE OF	home, form, factory, street, c	ffice bldg., INJUR	Y OCCUR?			
U			our) 21E, INJURY OCCURRED	21F. H	OW DID INI	URY OCCUR?		
OF INJ	URY		While At Not Whi	le 🗀				
(APPRO	· X)		Work At Work					
22. l c	ertify that (1)	(t his hospit ol) of	tended the deceased from	1993		19	m 23	19.68
that (l) (we) last sov	the deceased ol	ive on Jan 8	19 65	and th	at in (my) (aur) ap	iníon death accur	red an the date
and he	our ond fram th	e causes stated o	abave. (1) (We) (did) (did nat)	view the body o	fter death.			
	GNATURE	110	1 0				23B. DATE SIGNE	D
1	anan	N	sell assess Phy		led.	Staff Phys.	1-74	1-18
23 PH	YSICIAN'S	1150	OE GREE	23 D. ADDRESS		1 nys. —	1 4/	0 -
NA	YSICIAN'S	ason H. Ga	askel		Contr	ling S+ D.	1+0 0100	A 252
AA BUB'S			OEGREE			ling St., Ba		
	VAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CR				City, town, or county)	
	rial	1-26-68	Sacred Heart	Cemetery	740	1 German H:		
25A. DATE	REC'D BY HEAL	TH DEPT. 25B.	NAME OF REGISTRAR	25C FUNER	AL DIRECTOR	901	5. Conkland to ,21224,	MESST.
	CAMAG	1000 0	00 T. D. 40	lake a le	1 1	las Bal	to.,21224,	Md.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	68- 1094 BALTIMORI	E CITY HEALTH DEPARTMENT	00 100
C-245	MEDICAL EXAMIN	IER'S CERTIFICATE OF DEATH REG. NO	68- 1094
	1. NAME OF DECEASED (Type or Print) ROBERT JAMES COUGHLIN	, Sr. OF DEATH Estimoted January 24,	1968 Haur
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI ADDRESS OR LOCATION)	PRONOUNCED DEAD January 24,	IVI.
	2042 Deering Avenue	5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY Maryland	
	6. SEX 7. RACE 8. MARRIED NEVER MA	ARRIED C. CITY OR TOWN D. INSIDE C	CITY LIMITS?
		orced D Baltimore	YES X NO
	9. DATE OF BIRTH 10. AGE (In years If Under I Yr. If Under I Age May 14, 1922 45	ours Min. E. STREET AND NUMBER 2042 Deering Avenue	
	11. BIRTHPLACE (State or foreign country) Pa U S A	13. FATHER'S NAME	
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OF dane during most of working life, even if retired)	R INDUSTRY 15. MOTHER'S MAIDEN NAME	
	Dock Foreman Motor Freight		
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or doles of service) Yes WWII 179-16	17 NO. Mrs. Catherine M. Coughlin,	2042 Deering Ave.
	DISEASE OR CONDITION DIRECTLY	SE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dylng, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused de ath.)	MMEDIATE CAUSE Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	UE TO, OR AS A CONSEQUENCE OF:	
	Z UNDERLYING CONDITION LAST. (C)_		nin irk 88888 m mridabilii 988 r Sira 988 m ggggagga v,
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPER	RATION WAS PERFORMED	21. AUTOPSY? (Yes ar No) Yes
	☐ UTING ☐ CAUSE OF DEATH. hor		
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OF INJURY (APPROX.) 1 → 24 − 68 ? m. WORK	NOT WHILE Shot Welf	
	I certify that I held on Inquiry Inspection	Autopsy X ond that on this basis, death in my Suicide X Homicide Undetermined manner	_
	ACTUAL CL. Le S. S.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate,	M.D.	uary 25, 1968
	REMOVAL (Specify)	re National Cemetery Baltimore, Ma	wn, or county) (Stote)
	Burial 1-29-1968 Baltimor	AR 25C. FUNERAL DIRECTOR	ADDRESS
	VS 151-REV. 1/1/68		

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68- 1095 BALTIMORE CITY HEALTH DEPARTMENT

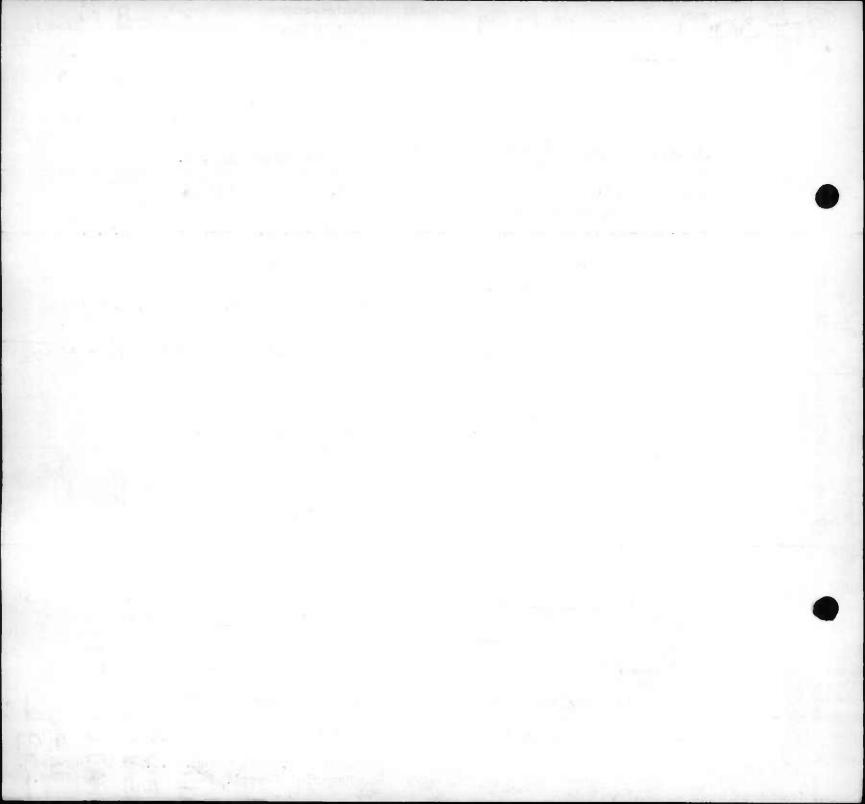
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

68-	1095
	7000

BIRTH NO.	KEG. 140.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Haur
SHIRLEY SCHWARTZ	OF DEATH Estimoted January 25, 1968 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	January 25, 1968 9:35 A
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
3611 Gwynn Oak Avenue	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
August 3rd1927 40	3611 Gwynn Oak Avenue
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Wye Mills, Md. WHAT COUNTRY?	Max Schwartz
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) NONE none	Doris Schwartz (nee
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO. none	Mr.Max Schwartz 3611 Gwynn Oak, Ave.
19. 44 1 9 9 CAUSE OF DEA'	
7/2/17 1	BETWEEN ONSET AND DEATH
	sclerotic cardiovascular disease
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO OR 4	
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(S)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	•
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	Voc
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, office	bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE TO
m. WORK AT W	
23. I certify that I held on Inquiry Inspection Au	tapsy 🗓 and that an this basis, death in my opinion
resulted from: Natural couses X Accident Suicid	
ACTUAL (1)	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EVAMINED XI
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 25, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	
Burial 1-26-68 Shaarei Tfilo	h Cem. Windsor Mill, Rd .Balto, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 29 1968 Pleb E. Falleyma	Sylvan S.Lewis &Son P.O.Box 65 Garrison,
	Memorial Chapel Md.

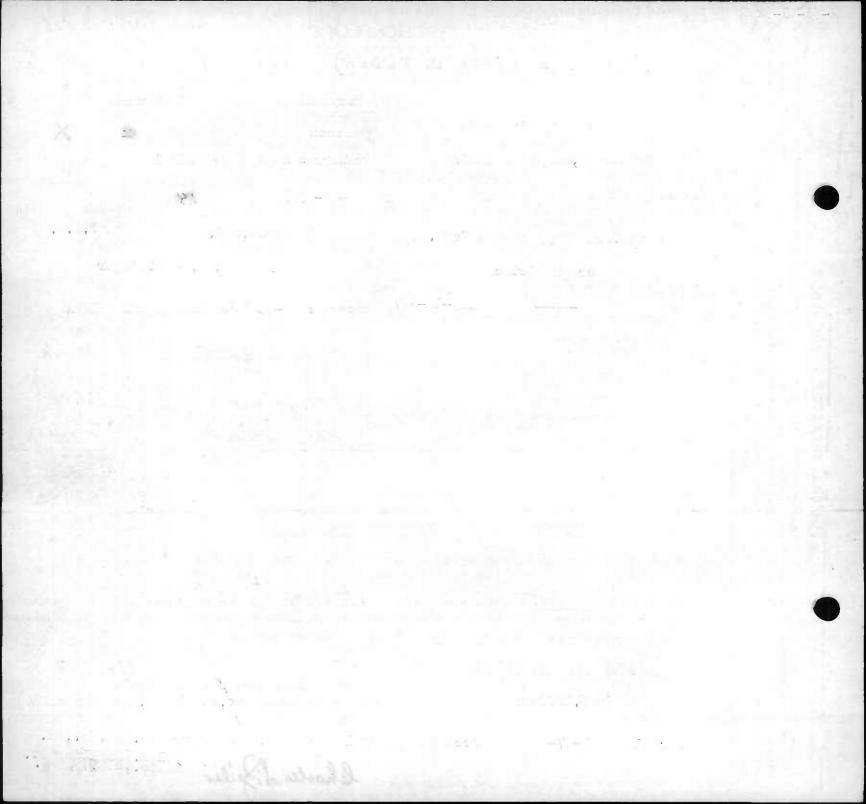
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FUNERAL DIRECTOR: IMPORTANT	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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	Ms: Ws:
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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4	BIRTH NO.	68-	1098		TE OF DEATH	Registered No.	68-1096_
	M.E. CASE NO. 1. NAME OF DE (Type at Print)		-OLDS	MITH	2. DATE A	NO HOUR OF DEATH	1127 Pm M
	FULL NAME HOSPITAL OR	OF (II not in hospitol	or institution,			nn timore	institution: residence before admission) RURAL and give, township)
	Sinai	Hospital	of B	altimore		frural, give locations ern Run, Dr.	21-20
	sex Female	6.RACE White	7. MARRIED, WLDOWED MARY 1	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH Sept.12th1915	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Manths Days Hours Min.
		f working life, even if retired)	108. KIND OF		11. BIRTHPLACE (Stote of for Baltimore, Md.	,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHERS NA Zeise	ME l Ginsberg			14. MOTHER'S MAIDEN NA ? Mizrach	AME	•
		d Ever in U. S. Armed Formal (If yes, give war ar dote		16. SOCIAL SECURITY NO.	17. INFORMANT Mr Lee Storch	3013 Fallet	ADDRESS
	DISEA	SE OR CONDITION DIR LEADING TO DEATH not mean the made of , asthenia, etc. It means mplication which caused	dying, e.g., the disease,	CAUSE O	ļ <u>.</u>		INTERVAL BETWEEN ONSET AND DEATH
	underlyin	OR CONDITIONS, if the obove cause (A) IG CONDITION last.	slaling lhe	CI			
	TO THE IDISEASE OF THE IDISEAS	AIFICANT CONDITIONS CORE REPORT CAUSING I POPERATION 198. CON WAS PERI ENT WAS UNDERLYING UITING CAUSE OF I TO MEDICAL CONTINE	TED TO THE T. DITION FOR VEORMED	E WHICH OPERATION PLACE OF INJURY(e.g., in e., loim, foctory, street, of	20 A. AUTOPSY? (Yes or Non or obout 21 C. WHERE DID INJURY OCCUR?	IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact location
	21D. TIME OF INJURY	(Manthl (Dayl (Yeoil		injury OCCURRED ile At Nat While rk At Work	21F. HOW DID IN	JURY OCCUR?	
	that (I) (we		d alive an	1/25			1962, pinian death accurred an the date
	23A. SIGNAT	unett R	letha	M.D. Atte	ending Med. S. Director	Stoff Phys.	23R DATE SIGNED //25/68
	24A. BURIAL CR REMOVAL	ENNET	24C.NI	AME OF CEMETERY OF CRE		expetal COCATION CO	City, town, or county) (State)
	Burial	J-26-		OMREC HAL	25C. FUNERAL DIRECTO	R	ALE MD. P.O.Box 65 Garrison,
	VS 150-REV	1829 1968 OG	Leab &	Farlinger	Memorial Cha		Moryland.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

Туре	or Print)	eda 1		REDA O. TUL		4/68	institution: residence before admis
FULL	NAME OF			INSTITUTION, GIVE STREET	Maryland B. COU	Bal	ltimore
	TUTION BE	altimore	City Hos	pitals	C. CITY OR TOWN ESSEX	D. IN	SIDE CITY LIMITS?
2	/		,Maryland		E. STREET AND NUMBER 26 Warren Road	2122	21 53-00
Fe:	male	6. RACE White		RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-22-1921	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Haurs Min
	during most of v	JPATION (Give) working life, even se Work		At Home.	Baltimore		12. CITIZEN OF WHAT COUN
13. FA	THER'S NAM	ME	man Diot	aah	14. MOTHER'S MAIDEN NA	garet A. Go	etzinger
S. We	as Deceased	Ever in U. S.	man Diet	1 6. SOCIAL	17. INFORMANT	00200000	ADDRESS
res, n	No	yes, give v	vor or dotes of se	215-14-6679	Records: BCH-49	40 Eastern	Avenue 21224
18		6 XI		CAUSE OF DEAT			APPROXIMATE INTERV
	DISEAS		TION DIRECTLY		0	. 4	BETWEEN ONSET AND D
		LEADING TO	DEATH		USE Cardiac	AAAOAI	10 194491
4.7	T1: 1			(A) IMMEDIATE CAL		WYCL	2010010
			mode of dying, Il means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	www	301.0070
h	neort failure, njury or com	osthenio, etc. aplication whic	mode of dying, II means the di h caused death.	e.g., DUE TO, OR AS sease,	A CONSEQUENCE OF:	9 4 g 100 mg 5 - 5 mg 10 10 mg 10 0 0 0 0	14
h	neort failure, njury or com	osthenio, etc.	mode of dying, II means the di h caused death.	e.g., DUE TO, OR AS sease,	A CONSEQUENCE OF:	9 4 g 100 mg 5 - 5 mg 10 10 mg 10 0 0 0 0	Iday.
h ir D	neort failure, njury or com DISEASES C ise to the	osthenio, etc. aplication whic ANTECEDENT OR CONDITIO	mode of dying, II means the di h caused death. CAUSES NS, if ony, use (A) stating	e.g., DUE TO, OR AS sease,) (B)		9 4 g 100 mg 5 - 5 mg 10 10 mg 10 0 0 0 0	Iday. 5-6 day
NO Pri	DISEASES OF THE SIGNIF OF THE REAL PLANT	osthenio, etc. aplication whice ANTECEDENT OR CONDITION OF OBOOM OF CONDITION	mode of dying, Il means the di h caused death. CAUSES INS, if ony, use (A) stating I lost. IONS CONTRIBU ATED TO THE TERN	giving (B)	A CONSEQUENCE OF:	9 4 g 100 mg 5 - 5 mg 10 10 mg 10 0 0 0 0	Iday 5-6 day
ATION Pin Dio	DISEASES CONTROL IN THE PROPERTY OF THE PROPER	osthenio, etc. aplication whice ANTECEDENT OR CONDITION GOOD CONDITION CONDITION CONDITION CONDITION ONDITION GIVE	mode of dying, Il means the di h caused death. CAUSES NS, if ony, use (A) stating i lost, IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A).	e.g., DUE TO, OR AS sease,) giving (B)	A CONSEQUENCE OF:	via	Iday 5-6 day E FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFICATION O O S S S S S S S S S S S S S S S S S	DISEASES Coise to the JNDERLYING THE DEAT OF LATE OF L	osthenio, etc. aplication whice ANTECEDENT OR CONDITION GOOD CONDITION CONDITION CONDITION CONDITION ONDITION GIVE	mode of dying, II means the di h caused death. CAUSES INS, if ony, use (A) stating to the term of th	e.g., DUE TO, OR AS sease,) giving (B)	A CONSEQUENCE OF: Entry A CONSEQUENCE OF: PROJECT OF: 20 A. AUTOPSY? (Yes or NO in or obout 21 C. WHERE DID	208. IF YES, WERE IN CERTIFYING C.	5-6 day E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location
AEDICAL CERTIFICATION OLD GO ST SIGN III	DISEASES Coise to the JNDERLYING THE DEAT OF LATE OF L	osthenio, etc. aplication whice ANTECEDENT OR CONDITION O	mode of dying, II means the di h caused death. CAUSES INS, if ony, use (A) stating to the text of th	giving DUE TO, OR AS (B) DUE TO, OR AS giving DUE TO, OR AS g the (C) ITING AINAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., oetc.) 21E. INJURY OCCURRED While At Not While	20 A. AUTOPSY? (Yes or NO In or obout 21C. WHERE DID INJURY OCCUR?	208, IF YES, WERE IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICATION NO 012 0 002 013 01 11 11 11 11 11 11 11 11 11 11 11 11	DISEASES CRISE to The DEAT SIGNIFO THE DEAT SISEASE OR COPA. DATE OF DR CONTRIBUTE APPROX.)	osthenio, etc. aplication whice ANTECEDENT OR CONDITION E obove con G CONDITION FICANT CONDITION ONDITION GIV OPERATION ATT WAS UNDER STING CAUS medical exami	mode of dying, II means the di h caused death, CAUSES INS, if ony, use (A) stating I lost. IONS CONTRIBUTION TO THE TERR. EN IN PART I TAIL TOR. CONDITION WAS PERFORME RLYING E OF need () (Year) (Hour	giving DUE TO, OR AS DUE TO, O	20 A. AUTOPSY? (Yes or NO in or obout 1715. HOW DID IN Its HOW DID	208. IF YES, WERE IN CERTIFYING C.	ore City, give exoct locotion)
MEDICAL CERTIFICATION WHITE TO THE CONTROL OF THE CATION THE CA	DISEASES Coise to the JNDERLYING JNDERLY	osthenio, etc. plication whic ANTECEDENT OR CONDITION TWAS UNDER JTING CAUS medicol exami (Month) (Doy that (I) (this last saw the	mode of dying, Il means the di h caused death. CAUSES NS, if ony, use (A) stating i lost, IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 198. CONDITION WAS PERFORME RLYING Poet (Hour haspital) atter deceased alive	giving (B)	20A. AUTOPSY? (Yes or NO in or obout 21C. WHERE DID in JURY OCCUR?	(JURY OCCUR? 208. IF YES, WERE IN CERTIFYING CA	ore City, give exoct locotion)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISEASES Coise to the JNDERLYING JOHER SIGNIFO JOHER SIGNIFO JOHER SIGNIFO JOHER DEAT JOHER SIGNIFO JOHER	osthenio, etc. plication whic ANTECEDENT OR CONDITION OPERATION	mode of dying, Il means the di h caused death. CAUSES NS, if ony, use (A) stating i lost, IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 198. CONDITION WAS PERFORME RLYING Poet (Hour haspital) atter deceased alive	giving DUE TO, OR AS (B) DUE TO, OR AS giving DUE TO, OR AS (C) DITING AINAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., indeed, or of the content of the conte	20A. AUTOPSY? (Yes or NO in or obout 21C. WHERE DID in JURY OCCUR?	(JURY OCCUR? 208. IF YES, WERE IN CERTIFYING CA	ore City, give exoct location) 19 Dinian death accurred an the
MEDICAL CERTIFICATION MEDICAL CERTIFICATION TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISEASES Coise to the JNDERLYING JNDERLY	osthenio, etc. plication whic ANTECEDENT OR CONDITION OPERATION	mode of dying, Il means the di h caused death. CAUSES NS, if ony, use (A) stating i lost, IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 198. CONDITION WAS PERFORME RLYING Poet (Hour haspital) atter deceased alive	giving DUE TO, OR AS and All Work and All Work and All Work and All Work	A CONSEQUENCE OF: Engy A CONSEQUENCE OF: PREMIUM A CONSEQUENCE OF: PREMIUM 10 10 10 10 10 10 10 10 10 10 10 10 10	(JURY OCCUR? 208. IF YES, WERE IN CERTIFYING CA	ore City, give exoct location)
MEDICAL CERTIFICATION MEDICAL CERTIFICATION To a control of the	DISEASES Coise to the JNDERLYING JOHER SIGNIFO OTHER DEATH INSTEASE OR COPAL DATE OF CONTRIBLE	osthenio, etc. pplication whice ANTECEDENT OR CONDITION BY CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION ONDITION GIVE OPERATION That (I) (this last saw the defram the car	mode of dying, Il means the di h caused death. CAUSES NS, if ony, use (A) stating is lost. HONS CONTRIBUTION HOST CONTRIBUTION HOST CONDITION WAS PERFORME RELYING FOR CONDITION WAS PERFORME RELYING (I) (Year) (House deceased alive uses stated about	giving DUE TO, OR AS DUE TO, OR AS giving DUE TO, OR AS giving DUE TO, OR AS DUE TO, O	20A. AUTOPSY? (Yes or NO) in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN 19 and twiew the bady after death of the bldy after death of the bldy and the bldy after death of the bldy appears by the bady after death of the bldy appears by the bld	JURY OCCUR? A - 6 A In certifying c. (If in Boltimo IJURY OCCUR? A - 6 A In that in (my) (aur) ap Shaff Phys. A - 6 A Core City Hos	ore City, give exoct location) 1960 238. DATE/SIGNED 1/24/4 8 Spitals
WEDICAL CERTIFICATION MEDICAL CERTIFICATION 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DISEASES Coise to the JNDERLYING JOHER SIGNIFIC OF THE DEAT OF THE DEAT OF THE DEAT OF THE DEAT (notify APPROX.) 2. I certify hat (I) (we) and haur and ha	osthenio, etc. polication whice ANTECEDENT OR CONDITION e obove core G CONDITION EICANT CONDITION ONDITION GIVE OPERATION NT WAS UNDER THAT (I) (this last saw the d fram the car IRE INTS INTS INTS INTS INTS INTS INTS INTS	mode of dying, It means the di h caused death. CAUSES NS, if ony, use (A) stating it lost, IONS CONTRIBU ATED TO THE TERM EN IN PART 1 (A). 198. CONDITION WAS PERFORME RLYING (I) (Year) (Hour deceased alive uses stated above. Huttman	giving DUE TO, OR AS DUE TO, OR AS giving DUE TO, OR AS DUE TO, O	20 A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID in JURY OCCUR? 21 F. HOW DID IN 19 and the wiew the bady after death 23 D. ADDRESS Baltim 240 Eastern Avenue.	208. IF YES, WERE IN CERTIFYING CALLET OF THE PARTY OF TH	ore City, give exoct location) 19 Dinian death accurred an the 238. DATE/SIGNED.

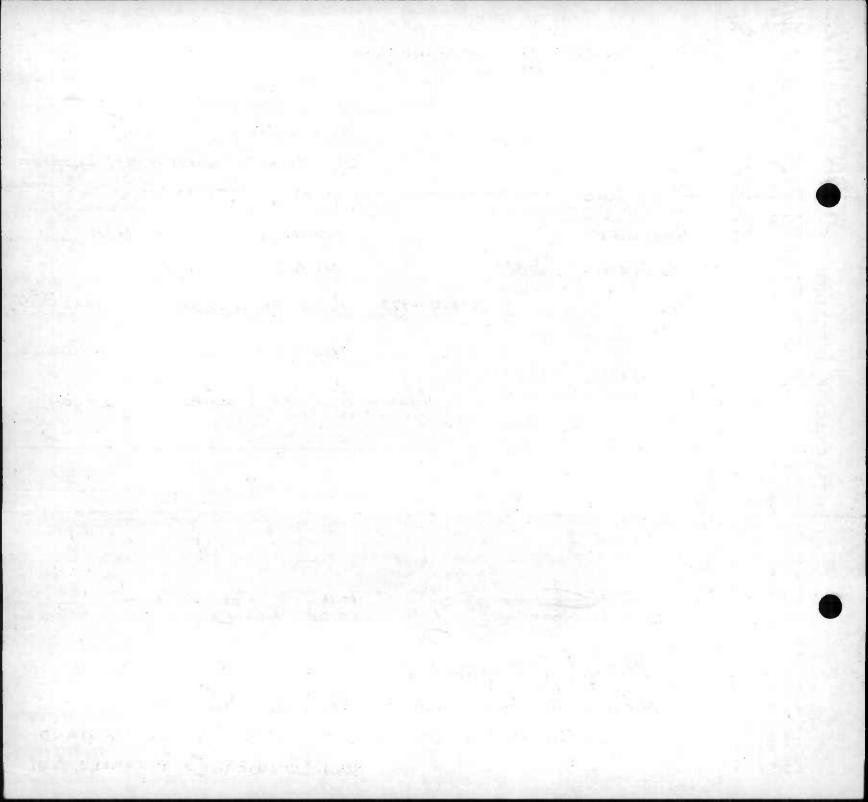


MASS 23

BALTIMORE CITY HEALTH DEPARTMENT

68 1098

BIR	TH NO.	6	8- 105	CERTIFICA	TE OF DEATH	REG NO	00 1098
1. N (Ty)	Pe or Print)	THERINE		ROUWENBEF IN BERG	CG- 2. DATE A	ND HOUR OF DEATH	1 8 20 Pm.
3.	PLACE IN BALT	IMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If it	nstitution: residence before admission)
HO	LL NAME OF	(IF NOT IN HOS	PITAL OR INSTIT	UTION, GIVE STREET	Md. Mo.	NT GOMERY	IDE CITY LIMITS?
			1. 20.00		SILVER SARIN		YES Z NO
4//	YOUVEGE	200 STATE	4087110		E. STREET AND NUMBER		11 =1
5. 5		6. RACE	1.			ITS NURSE	LICH A REPORT OF THE
5. 5	C	0		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCU	PATION (Give kind of v	WIDOWED		2-22-32 11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
		varking life, even if retire			in 10 - 2	0 0	2
13.	FATHER'S NAM	WIFE			14. MOTHER'S MAIDEN NA	9. C.	USA
	BEN	TAMIN	LOBBS		MAREL	ENGLISH	/
15. (Ye:	Was Deceased	Ever in U. S. Armed	Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			579-38-4973	PETER KOU	LWENSERG	SAKE ASTELL
	1B. 0 //	31		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION			THERROLLIA	In C ALENDA	11 14
	(This does no	of meon the mode	of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	in a men mo	0(11) 7 /2 Months
		osthenio, etc. Il med plicotion which cous		1.1		1.	
	A	ANTECEDENT CAUS	SES	- laborer	my T. leasulasis	? active.	72 uns
	DISEASES O	R CONDITIONS,	l ony, giving	DUE TO, OR AS	ACONSEQUENCE OF:		
		obove couse (, CONDITION lost.	A) stoting the	(c)			
	002.1	Ш		\~/************************************			
0	OTHER SIGNIF	CANT CONDITIONS (
CATIC	DISEASE OR CO	ONDITION GIVEN IN	PART 1 (A).	WHICH OPERATION	120A ALIZOREVA /V A	Lal 200 In yes ween	ENDING: CONCIDENT
ERTIFIC	TYA. DATE OF		PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CER	21 A. A C CIDEN OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TING CAUSE OF	21E har etc.	ne, form, factory, street, o	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct losotion)
EDIC	21D. TIME	(Month) (Doy) (Ye	or) (Hour) 21 E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)		WH	ile At Not Whi			
	22. 1 certify	that (1) (this haspi		he deceased from		19 68 to	1-20 1968
		last saw the dece					inian death accurred an the date
					view the bady after death.		
	23A. SIGNATU		1				23 B. DATE SIGNED
		Michael	In Da		ending Med. Director	Staff Phys.	1-20-18
	23 C. PHYSICIAT	N'S	y or jay	DEGREE PHY	23D. ADDRESS	e 1	1 20 - 00
	NAME	inhan 1	How	trs MD	Un telepla	Stato Ho	88
24	BURIAL CREA		24C. N	AME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (State)
7	BURIAL	L MAL	3,1968 +	ORT LINCOLA			OR, MARYLAND
25A	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR			PIVERDALE, MD
	1.8	Non inco.	O O Por	3 Fra Osustan	W.W. CHAN	DENO CO. 1	(INEVENER')



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH	1 NO.	68	- 10	99 CERTIFICA	TE OF D	EATH	REG. NO	68-	1099
1. NA	ME OF DEC	EASED				2. DATE AND	HOUR OF DEATH		11.15
3, PL	ACE IN BAL	MC CORMIC				IDENCE (Where	ARY 26,		nce before odmission)
FULL	NAME OF		L OR INSTIT	TUTION, GIVE STREET	MARYLA C. CITY OR TO	AND	Bo	les	
INST	ITUTION	ST. AGNES	ПОСВ	1771	BALTII		ט. ווא	YES IMITS	, мо Х
7	0	CATON & W	ILKEN	S AVES.	E. STREET AN	D NUMBER SCOTIA	RD. 212		3-07
S. SE	X	6. RACE	7. MARRIED		B. DATE OF BIL		. AGE (In years	If Under 1 Yr Months: Doys	r. If Under 24 Hrs.
	MALE	WHITE	WIDOWED	DIVORCED	7/2/50		ost birthdoy)	TVIOITII 5 5575	110013
		UPATION (Give kind of work) working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign	n country)		OF WHAT COUNTRY?
STU	JDENT				MARYL	AND		U.S	.A.
13. F	ATHER'S NAM	ME				MAIDEN NAM			
10	DSEPH				LYDA	A DAVID			
1S. W (Yes, r	as Deceased so or unknown)	Ever in U. S. Armed Force (If yes, give wor or dotes	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORM AN		101111111111111111111111111111111111111		DRESS
NO	ONE				ST. A	GNES HO	SPTTAL R	ECORDS	
	This does n	SE OR CONDITION DIRI LEADING TO DEATH not meen the mode of	dying, e.g.,		SEM QUE A CONSEQUENC	E OF	romia	BETWE	aday
CERTIFICATION 15	DISEASES OF COMMENT OF THE DEAT OF THE DEA	osthenia, etc. It means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if o e above cause (A) G CONDITION last. II PICANT CONDITIONS CONTINUED TO THE BUT NOT RELATED TO THE CONDITION GIVEN IN PART FOPERATION 198. CONDITION GIVEN IN PART OPERATION 198. CONDITION GIVEN GIVE	ony, giving stating the NTRIBUTING (E TERMINAL 1 (A). DITION FOR ORMED	(B)	20A. AUTOP YE	SY? (Yes or No)	IN CERTIFYING C.	E FINDINGS CON AUSES OF DEAT	
CERTIFICATION 100 100 100 100 100 100 100 100 100 10	DISEASES OF THE PROPERTY OF THE PARTY OF THE	ANTECEDENT CAUSES OR CONDITIONS, if of a dove cause (A) G CONDITION last. II FICANT CONDITIONS CONTINUED TO THE BUT NOT RELATED TO THE CONDITION GIVEN IN PART FOR THE PART OF THE PART	ony, giving stating the NTRIBUTING (E TERMINAL 1 (A). DITION FOR ORMED	(B)	20A. AUTOP YE	SY? (Yes or No)	(If in Baltime		
AEDICAL CERTIFICATION	DISEASES OF THE DEATH (notify	ANTECEDENT CAUSES OR CONDITIONS, if of endower cause (A) GONDITION last. II FICANT CONDITIONS CONTINUED TO THE LATE TO THE	ony, giving stating the NTRIBUTING IE TERMINAL 1 (A). 21B hon etc. (Hour) 21E	WHICH OPERATION B. PLACE OF INJURY (e.g., in the property of	20A. AUTOP YE n or obout 21C. V ffice bldg., INJUR	SY? (Yes or No) S WHERE DID IY OCCUR?	(If in Baltime		
MEDICAL CERTIFICATION THE DICAL CERTIFICATION	DISEASES OF THE DEATH OF THE DEATH (notify APPROX.) 2. I certify that (I) (we) and haur and	ANTECEDENT CAUSES OR CONDITIONS, if of eabove cause (A) G CONDITION last. II FICANT CONDITIONS CONTINUED IN THE CONDITION GIVEN IN PART OPERATION 198. CONDITION (Month) (Doy) (Year) That (1) (this haspital) last saw the deceased of from the causes state.	ony, giving stating the NTRIBUTING IE TERMINAL 1 (A). DITION FOR ORMED	WHICH OPERATION B. PLACE OF INJURY (e.g., ine, form, foctory, street, of the deceased fram	20A. AUTOP YE n or obout 21C. V ffice bldg., INJUR 21F. H ANUARY 1968	SY? (Yes or No) S WHERE DID IY OCCUR? IOW DID INJU 2519 and that after death.	(If in Baltime	NUARY 2	19 68, coursed on the date
MEDICAL CERTIFICATION A EDICAL CERTIFICATION THE COLUMN TO THE COLUMN	DISEASES OF THE DEAT OF THE DE	ANTECEDENT CAUSES OR CONDITIONS, if of eabove cause (A) G CONDITION last. II FICANT CONDITIONS CONTINUED TO THE BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 198. CONDITION (Doy) (Year) That (1) (this haspital) I last saw the deceased of from the causes state of the causes o	ony, giving stating the NTRIBUTING (E TERMINAL 1 (A). (Hour) 21E Who (Hour) 21E	WHICH OPERATION 3. PLACE OF INJURY (e.g., ine, form, foctory, street, of the deceased from	20A. AUTOP YE n or obout 21C. V ffice bldg., INJUR 21F. H ANUARY 1968 riew the bady of the bldy of the bldy of the bldy 23D. ADDRESS ST.AGNE	SY? (Yes or No) S WHERE DID IY OCCUR? IOW DID INJU 2519 and that after death. Med. Sirectar S P 24D. Los	(If in Baltime RY OCCUR? 2 68 to JA t in (my) (aur) or hys. X	ANUARY 2 Dinian death ac 23B. DATE SIG JAN. 2 KENS & (City, town, or cou	ct locotion) 26 19 68 ccurred on the date 26, 1968 CATON AVE
MEDICAL CERTIFICATION 5.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	DISEASES OF CISE TO THE PEAT TO THE DEAT TO THE	ANTECEDENT CAUSES OR CONDITIONS, if of eabove cause (A) G CONDITION last. II FICANT CONDITIONS CON TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART FOPERATION 198. COND WAS PERFO WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) That (1) (this haspital) I last saw the deceased of from the causes state JRE DR H CAM MATION, 124B. DATE Specify) 1/29/68	Ony, giving stating the NTRIBUTING (E TERMINAL 1 (A) (Hour) 21E (Wh. Wa) attended the dive an ed abave. (PBELL 24C. N'	WHICH OPERATION B. PLACE OF INJURY (e.g., in ne, form, foctory, street, of linguity of the deceased from	20A. AUTOP YE n or obout 21C. V ffice bldg., INJUR 21F. H ANUARY 1968 Fiew the body of the	SY? (Yes or No) S WHERE DID IY OCCUR? IOW DID INJU 2519 and that after death. Med. Sirectar S P 24D. Los	(If in Baltime RY OCCUR? 9 68 to JA t in (my) (aur) ap	ANUARY 2 pinian death ac 238. DATE SIG JAN. 2 KENS & C City, town, or cou	ct locotion) 26 19 68 ccurred on the date 26, 1968 CATON AVE

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JEIWARY 25

ET. ACTES TOPPING, INTEREST SERVED. TE

	DECEASED STEELE	George	E.			JANUARY 1968	7:30 P
3. PLACE II	N BALTIMORE, M.			INCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If i	institution: residence before odmiss
FULL NAM HOSPITAL INSTITUTIO	e of (if No or Addri VETERAN 3900 LO	T IN HOSPITA	I OR INSTITUTION) ISTRATI N BOULE	ON HOSPITAL	A. STATE 8. CO PENNSYLVANI C. CITY OR TOWN OXFORD E. STREET AND NUMBER R D 2	D. INS	SIDE CITY LIMITS? YES NO X
5. SEX	6. RACE			NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 1
MALE	CAUCA	SION	WIDOWED		9-14-18	lost birthday	Months Doys Hours Min
SALES 13. FATHER	nost of working life, e	even if retired)	FURNIT		OXFORD, PEN 14. MOTHER'S MAIDEN	NSYLVANIA NAME	U. S. A.
GEORG	E E. STEE				MARGARET PH		
5. Was Dec (Yes, no or un	eosed Ever in U. known) (If yes, giv	S. Armed Force	es? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT HOSP		ADDRESS
YES	12-8-	42 TO 10	0-5-45	327-09-14-18		AVEN BLVD., B	ALTO., MD 21218
		TO DEATH		(A)IMMEDIATE CAL	Canainomat	ous Amaites	BETWEEN ONSET AND DE
heart f	loes not mean the control of the complication was an annual of the complication was an annual of the control of	elc, It means the chick caused on the caused on the causes	the disease, deoth.)		a consequence of: eal Metastati A consequence of:	e	2 Months
rise I	o the obove		stating the	Controlo			
UNDE	RLYING CONDITI	ON lost,		(C) Garactic	Carcionoma		2 Months
NO THER S	GIGNIFICANT CON	II IDITIONS CON	E TERMINAL	(c) GRECTIC	Carcionoma	k.	2 Months
VO THER STOTHER STOTHE	DEATH BUT NOT	II IDITIONS CON RELATED TO TH GIVEN IN PART	E TERMINAL I (A). DITION FOR V	(C) CRESTITE	20Å. AUTOPSY? (Yes o	or No.) 20B, IF YES, WERE IN CERTIFYING C.	2 Months FINDINGS CONSIDERED AUSES OF DEATH?
OTHER STORY OF COR	DEATH BUT NOT	IDITIONS CON RELATED TO TH GIVEN IN PART N 198. CONE WAS PERFO	E TERMINAL 1 (A). DITION FOR VORMED	VHICH OPERATION PLACE OF INJURY (e.g., i	20Å. AUTOPSY? (Yes	D (If in 8oltime	
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NOTHER TO THE DISEASE TO A CO DEATH OF INJ (A PPRO 22. I c that (2)	SIGNIFICANT CON DEATH BUT NOT E OR CONDITION OF ITE OF OPERATION CCIDENT WAS UP NTRIBUTING CA (notify medical ex URY X.) ertify that (1) (1) (we) last saw	IIIIIONS CON RELATED TO TH GIVEN IN PART N 198. CONE WAS PERFO NDERLYING AUSE OF ominer (Doy) (Yeor) the deceased	E TERMINAL 1 (A). 3)TION FOR V ORMED 21B. hom etc.) (Hour) 21E. Whi Woi	VHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, o INJURY OCCURRED le At	20Å. AUTOPSY? (Yes of Yes) not obout 21C, WHERE DI fice bldg., INJURY OCCU 21F. HOW DID	(If in 8 oltimo	FINDINGS CONSIDERED AUSES OF DEATH?
NOTHER TO THE DISEAS TO A CO DEATH OF INJ (A PPRO 22. I c that (2) and ha	SIGNIFICANT CON DEATH BUT NOT E OR CONDITION OF ITE OF OPERATION CCIDENT WAS UP NTRIBUTING CA (notify medical ex URY X.) ertify that (1) (1) (we) last saw	IIIIIONS CON RELATED TO TH GIVEN IN PART N 198. CONE WAS PERFO NDERLYING AUSE OF ominer (Doy) (Yeor) the deceased	E TERMINAL 1 (A). 3)TION FOR V ORMED 21B. hom etc.) (Hour) 21E. Whi Woi	VHICH OPERATION PLACE OF INJURY (e.g., i e., form, foctory, street, o INJURY OCCURRED le At At Work At Work ne deceased from 2 23 JANUARY) (We) (did) (DECENT)	20Å. AUTOPSY? (Yes of Yes of Y	(If in 8 oltimo R? (If in 8 oltimo DINJURY OCCUR? 19 68	FINDINGS CONSIDERED AUSES OF DEATH? DOTE City, give exact location)
NOTHER TO THE DISEAS TO A CO DEATH OF INJ (A PPRO 22. I c that (2) and ha	DEATH BUT NOT E OR CONDITION (ITE OF OPERATION (ITE	IIIIIONS CON RELATED TO TH GIVEN IN PART N 198. CONE WAS PERFO NDERLYING AUSE OF ominer (Doy) (Yeor) the deceased	E TERMINAL 1 (A). 3)TION FOR V ORMED 21B. hom etc.) (Hour) 21E. Whi Woi	VHICH OPERATION PLACE OF INJURY (e.g., i e., form, foctory, street, o INJURY OCCURRED le At At Work At Work ne deceased from 2 23 JANUARY) (We) (did) (DECENT)	20Å. AUTOPSY? (Yes of Yes) n or obout 21C. WHERE DI fice bldg., INJURY OCCU 21F. HOW DID e JANUARY 19 68 an iew the bady after deconding Med.	(If in 8 oltimo	JANUARY 19 6
NOTHER TO THE DISEASE TO A COLOR COL	DEATH BUT NOT E OR CONDITION (ITE OF OPERATION (ITE	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	E TERMINAL 1 (A). 3)TION FOR V ORMED 21B. hom etc.) (Hour) 21E. Whi Woi	VHICH OPERATION PLACE OF INJURY (e.g., i e., form, foctory, street, o INJURY OCCURRED Le At At Work At Work At Work O (We) (did) (DECEMBE) Attack Atta	20Å. AUTOPSY? (Yes of Yes on or about 21C, WHERE DI INJURY OCCU 21F. HOW DID 21F. HOW DID 31F. HOW DID 4 Med. 5 Director 22D. ADDRESS	INJURY OCCUR? 19 68 to 23 de that in 105 (aur) op 10 th. Shoff Phys. LOCH RAVEN BO	JANUARY 19 6 Pinian death accurred on the or 23B. DATE SIGNED
NOTHER TO THE DISEAS. 170 THE DISEAS.	DEATH BUT NOT E OR CONDITION OF THE OF OPERATION OF THE OF OPERATION OF THE OF OPERATION OF THE OPERATION OF	II IDITIONS CON RELATED TO TH GIVEN IN PART N 198. CONE WAS PERFO WAS PERFO (Doy) (Yeor) The deceased causes state RRAY	E TERMINAL 1 (A). 1 (A). 1 (A). 1 (A). 21B. hom etc.) (Hour) 21E. Whi Wor attended til d alive an ed abave. ** 24C. NA	PLACE OF INJURY (e.g., i e., form, foctory, street, o	20Å. AUTOPSY? (Yes of Yes on or obout 21C. WHERE DI INJURY OCCU 21F. HOW DID 21F. HOW DID 31ANUARY 19 68 on or obout 21C. WHERE DI INJURY OCCU 21F. HOW DID 21F. HOW DID 22D. ADDRESS 3900 BAITTI MATORY 24	INJURY OCCUR? 19 68 to 23 to that in 105 (aur) op oth. Shoff Phys. LOCH RAVEN BO MORE, MARYIAN	JANUARY JANUARY 19 6 23B. DATE SIGNED ULEVARD D 21218 City, town, or county) (State

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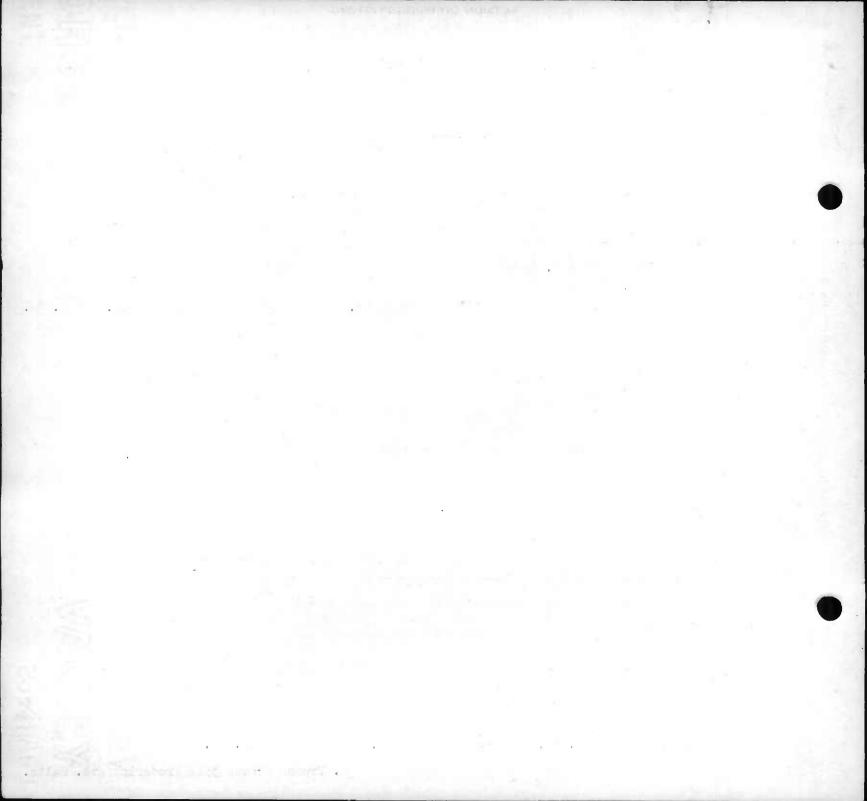
8-1101	BALTIMORE CITY HEALTH	DEPARTMENT
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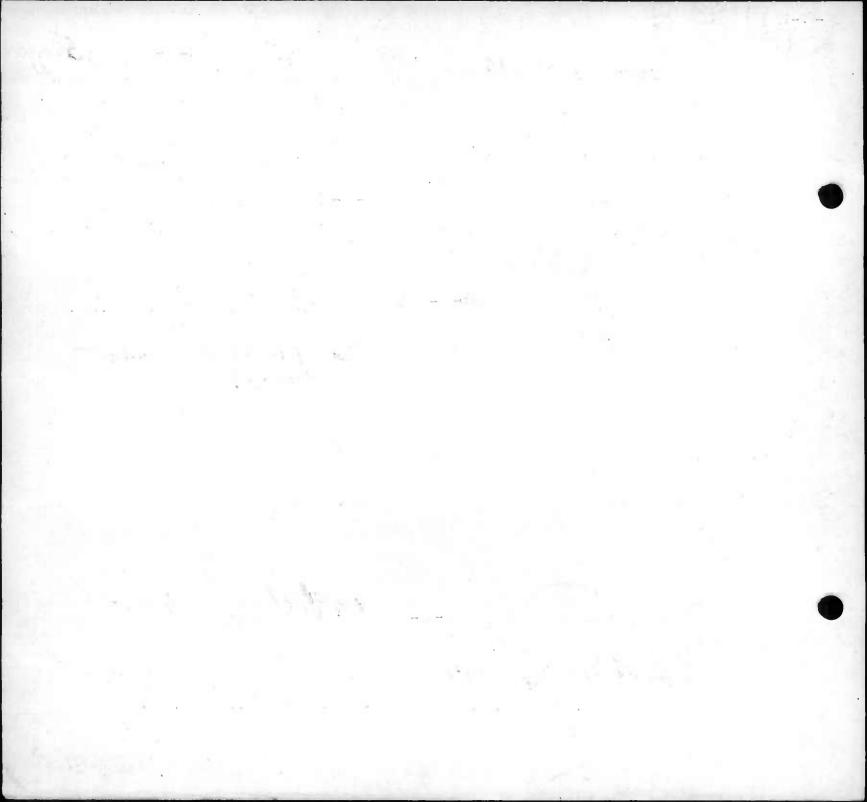
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REG. NO.	68-	1101
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BIRTH NO.	CERTIFICA	IE OF DEATH		
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type or Print) MARGARET . C. 1	HESS (Cori	nne) 24x J	anuar 1968	6-10 AM
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before odmissian)
		A. STATE B. COUNT	OKIEY VI	LINGS T-1)
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	ON, GIVE STREET	B.		000
ISTITUTION		C. CITY OR TOWN		E CITY LIMITS?
LUTHERA W HOSPITAL OF MI	PRYLAND.	BALTIMORE		YES X NO
46		E. STREET AND NUMBER	9 OKLEY OAKLE	VILLAGE.
SEX 6. RACE 7. MARRIED	NEVER MARRIED		. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Frank WHITE WIDOWED X	DIVORCED [4-2-14	53 years.	Manths Doys Haurs Min.
A. USUAL OCCUPATION (Give kind of wark 10 B, KIND OF Blone during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNTRY
None	None	MARYLAND		Urs
Charles E. Merson		14. MOTHER'S MAIDEN NAM Naomi Watts	N.E.	
				ADDRESS
Wos Deceased Ever in U. S. Armed Forces? es,na ar unknawn) (If yes, give war ar dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		21227
No Z	15-03-3479	Mr. Gordon Germa	th 1736 Wina	ms Ave. Balto. Md.
18. / // (1)	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN CHOSET AND DEATH
LEADING TO DEATH	AND MANEDIATE CALL	E WETRSTATIO	· C RDE	ec T
(This does not mean the mode of dying, e.g.,	DUE TO, OR AS A	SE METASTATION CONSEQUENCE OF:		(-9
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	745			
ANTECEDENT CAUSES				
	(B)	METASTAT A CONSEQUENCE OF:	10 C. BREL	757
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OK AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
150 V II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	IICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED
11-23-1968 WAS PERFORMED METASTATIC	C. BREAST.	No	IN CERTIFYING CAU	SES OF DEATH?
		or about 21 C. WHERE DID	(If in Baltimare	City, give exoct lacotian)
OR CONTRIBUTING CAUSE OF home, etc.)	form, foctory, street, off	ice bldg., INJURY OCCUR?	(ii iii boliiiiole	city, give exect facongn,
21D. TIME (Manth) (Doy) (Year) (Hour) 21E. II	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.) White Work	At Not While			
22. I certify that (I) (this hospital) attended the	deceased fram	1-6-68 1	9ta	1-24-1968
that (I) (we) last saw the deceosed alive on				
ond hour and from the couses stated above. (1)	(We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE				23B, DATE SIGNED
2 man	Dham	nding Med.	Staff Phys. 🗷	1-24-1968.
23C. PHYSICIAN'S NAME (Type) & K. SATYAVE ITH	OF GREET	•	RAN HOSPI	TAL OF MARYLAN
	OEGREE		Land and I	
4A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify)	AE of CEMETERY OF CRE	MATORY 24D. LC	CATION (City	r, town, or county) (State)
Burial Jan. 27, 1968 Lo	udon Perils Com	R-34	o. Md.	
5A. DATE RECOUNT HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	V PIU.	ADDRESS
		25C. FUNERAL DIRECTOR		ADDRESS ederick Ave. Balto.

VS 150-REV. 1/1/68





7-512 68- 1103 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CEDTIFICATE	OF	DEATH
MEDICAL	EVAWIIJEKO	CEKTIFICATE	OF	DEATH

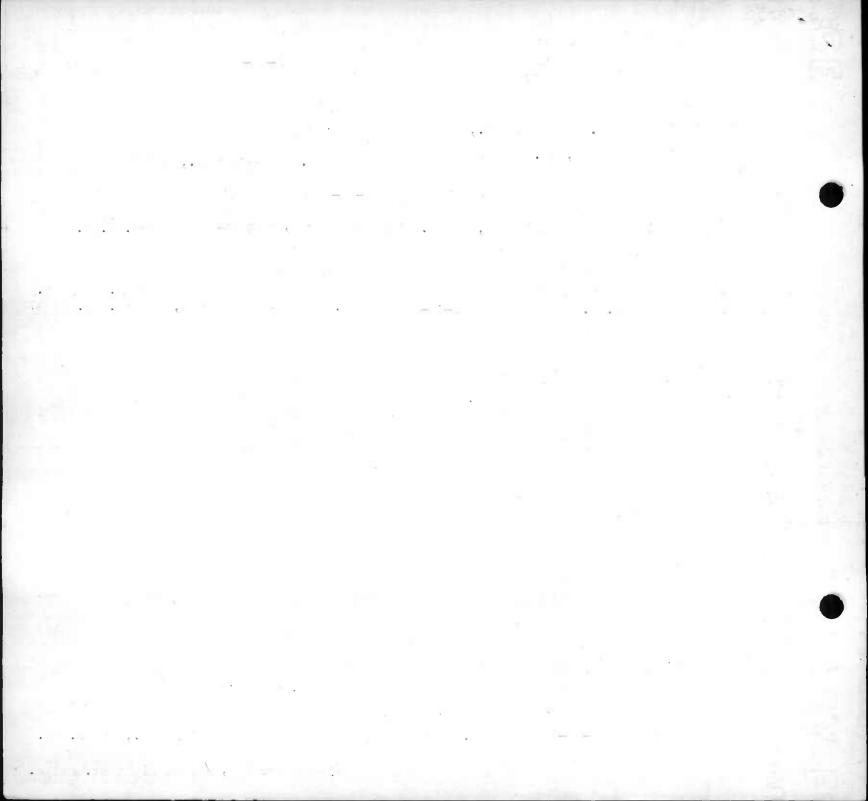
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BIR	TH NO.									REG. NO.			
	NAME OF DECI		DARRE				2. DATE OF	Known K	Month	Doy		Hour	
Ĺ.			ROBERT		MPSON		DEATH	Estimoted	January	25, 1	L968		M.
	PLACE IN BALT						3. DATE	NCED DEAD	Month	Doy	Yeor	Hour	
HO:	L NAME OF SPITAL	ADDRE	T IN HOSPITA	TION)	illution, c	SIVE STREET	rkonos	NCED DEAD	January	25, 1	1968	3:40	A.M.
OR	INSTITUTION						5. USUAL RES	SIDENCE (Where		If institution	: residence be	fore odmissi	on)
	00 7	+01 Hon	neland	Aven	ue			laryland	В. С	TIPIOO.	/	4-0	15
6. 9	SEX	7. RACE		8. MARR	IED N	EVER MARRIED	C. CITY OR T	OWN	D.	INSIDE CI	TY LIMITS?		The same of the sa
	Male	Whi	lte	WIDOW		DIVORCED	В	altimore		YE	s X N	0 🗆	
9. [DATE OF BIRTH	.,	IO. AGE (In		If Under 1	Yr. If Under 24 Hrs.	E. STREET AT	ND NUMBER					
A	pr. 29.	1903	lost birthdo 64	y)	Months	oys Hours I Mill.	3	39 South	Woodvear	r			
	BIRTHPLACE (SE		n country)		12. CITIZI		13. FATHER'S						
M	aryland	1			WHA	COUNTRY?	Willia	am Thomp	son				
14A	USUAL OCCUP	ATION (Give		14B. KIND		NESS OR INDUSTR							
S	during most of w	orking life, ev	en ifrefired)	r Me	n's	Clothing	Margar	et Fox					
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	? 17.	SOCIAL	18. INFORM			AD	DDRESS		
(Yes	NO or unknown)	(If yes, give w	vor or dotes	of service)	21	8-10-307	Anna	M Thomr	son 33	9 S W	londve	ar St	reet
_	19.	16	У		61	CAUSE OF DEA		W. FIIOIII	3011))	9 0.11	APPR	OXIMATE INTE	ERVAL
	57	6 V 1/	^								BETWEE	N ONSET AND	DEATH
		OR COND		CTLY			0	1 .	1 6 1	4.			
	(This does no	t meon the	mode of dy	ing, e.g.,		(A)IMMEDIATE	AS A CONSEQU	shot wour	nd of che	est			
	heart foilure, injury or com	osthenio, etc.	. It meons the	diseose,		201 10, OK	NO 7 CO110E40	LIVEL OI.					
		TECEDENT				(8)DUE TO, OR	AS A CONSEC	UENCE OF		*******			P0 00 00 00 00 1
	DISEASES O	ABOVE CAL	USE (A) STA	ING THE		DOE 10, OK	AS A CONSEQ	DENCE OF:					
Z	UNDERLYIN	G CONDITI	ON LAST.			(c)							
CERTIFICATION	E981	X	II			. 1. 11.							
Š	OTHER SIGNI												
TIE	DISEASE OR				W// // /	CIT ODED 47104 141							A
E	ZUA. DATE OF	OPERATION	1 20B. COI	NOIIION	FOR WHI	CH OPERATION W	AS PERFORME	U			21. AUTOPS	SY? (Tes or	No)
	X										Yes	S	
EDICAL	22A. EXTERN UNDERLYING	AL CAUSE			228. PLAC home, form	E OF INJURY (e.g., n, foctory, street, office	in or obout 22 e bldg., etc.) IN	C. WHERE DID (If in Boltimore Ci Greiff	Suit	ct locotion)	7 7 7	11
8	UTING CAL				f	actory		401 Home:	land Aver	nue	compan	0/	
2	OF INJURY	Month) (D	oy) (Yeor) (Hour	'	JURY OCCURRED	1	F. HOW DID IN	JURY OCCUR?	Subje	ct was	а	/
	1	-25-68	3:1	O A.	m. WHILE		VORK	Watchman	shottdu	ringr	obbery	-	
	23.						627						
	I certi	fy that I h	eld on I	nquiry L	Ins	pectionAu	topsy K	ond that on th	ıls basis, deo	th in my	opinion		
10	resulte	ed from: N	atural cou	ses 🔲	Accid	Suici	le Hon	nicide X	Undetermined	monner			
10		1	1)	1 1		1	C	HIEF MEDICAL E	XAMINER		D	ATE SIGNE	ED
3	ACTUAL SIGNATU	RE (ran	(0)	1	a some	ASSIS	TANT MEDICAL E	XAMINER X			AIL SIGIAL	
	EXAMINE		harles	S	Sprike	gate, M.D.	ASSOC	LATE MEDICAL E	XAMINER	Tomas		1000	
	NAME (Ty	/pe)			-						ary 25	, 1968	
24/ RE/	A. BURIAL CREM MOVAL (Specify	ATION, 2	4B. DATE		24C. NA	AME of CEMETERY	or CREMATOR	24D.	LOCATION	(City, town	, or county)	(Stote)
	urial		1/29/	68	New	Cathedr	al Ceme	etery Ba	Itimor	e Mar	vland		
	A. DATE REC'D	BY HEALTH I				REGISTRAR	25C. FU	JNERAL DIRECTO	OR	A	DDRESS		
		0.014.8	4000	10	00	I. 0 40	Wal.	ters Fur	neral H	ome F	ratt&	Stric	ker
V.5	161 DEV 1/1/20	ANZG	1202	OF Con	52.	Manusey The						Sts	•==
V 5	151-REV. 1/1/68	NB	731	7									,

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D-2	55 6	8- 11	BALTIMORE CITY	TE OF DEATH	REG. NO.	68- 1104
BIRTH NO.			CERTIFICA			
1.NAME OF DEC (Type or Print)	BERNARD D	EGNAN			and hour of deat	1 11.30 A.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COL	here deceosed lived, tf JNTY	institution: residence befare odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	UTION, GIVE STREET	Maryland C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
15.7	2220 W. Chris	tian St	• •	Baltimore		YES NO
00	Baltimore, Md	. 21223		E. STREET AND NUMBER		
				2220 W. Chri		21 223
SEX			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Male	White	WIDOWED		1-11-1892 11. BIRTHPLACE (State or fo	76	12. CITIZEN OF WHAT COUNTR
one during most of	working life, even if retired)	i		Baltimore, Ma		
Reti		rireman	, Balto. City			U. S. A.
3. FATHER'S NA				14. MOTHER'S MAIDEN N.	AME	
	nas Degnan			Mary Kane		
5. Wos Decease 'es, no or unknawı	(If yes, give war or dote:	s af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		1233 N. 64th St.
Yes	W. W. 11		217-26-3541	Mrs. Catherin	ne Kukleris,	Balte. Md. 21237
1B. 4	2,9 I		CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION DIR	RECTLY				
(This does	LEADING TO DEATH	Martine Land	(A) IMMEDIATE CAU	SE Chronic Card	ic-Vasculas	Deserve 16 month
heart failure,	nol mean the made af asthenio, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
, ,	mplication which caused	death.)				
	ANTECEDENT CAUSES		(B)	~~~~~~~~		
	OR CONDITIONS, if a		DUE TO, OR AS	A CONSEQUENCE OF:		
	G CONDITION last.	Stating the	(c)	•		
422.1	11	-				
Z	FICANT CONDITIONS CON	TRIBUTING				
DISEASE OR	TH BUT NOT RELATED TO THE	Г1 (А).				
E C	NONE WAS PERF		WHICH OPERATION	20A. AUTOPSY? (Yes ar I	Na) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B. ham etc.)	e, form, foctory, street, of	or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
OF INJURY		Whi	ile At Not While	· [7]		
22 1	- 41- 1 (1) (41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				10//-	3/
	that (I) (this haspital)			much	19 6 6 10	en 26 j 1968
			,			pinian death accurred an the da
		ed abave. (I) (We) (did) (did nat) v	iew the bady after death	•	last BASE CIONES
23A. SIGNATI			Atte	nding 77 Med.	Shaff	23B. DATE SIGNED
Tra	when, Og	den.	Mr.C > DEGREE Phys	Director L	Staff Phys.	Jan : 27, 1968
PHYSICIA NAME (1 1 -	Jan , 27, 1968 + 54-Balle, med City, town, or county) (State)
FR4N	KN.OGO	EN.	MIO - DEGREE	2701 N:	wilver	or - walle, med
AA. BURIAL CRE	MATION, 24B. DATE Specify)			MATORY . 24D.	LOCATION	
Burial	1-29-68		to. National (Cemetery 550	l Frederick	Ave., Balto. Md.
5A. DATE REC'E	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	A	ADDRESS
	181100	A 0 0	07000	Flynn & Fl	ming. V 142	2 Light St Rolta

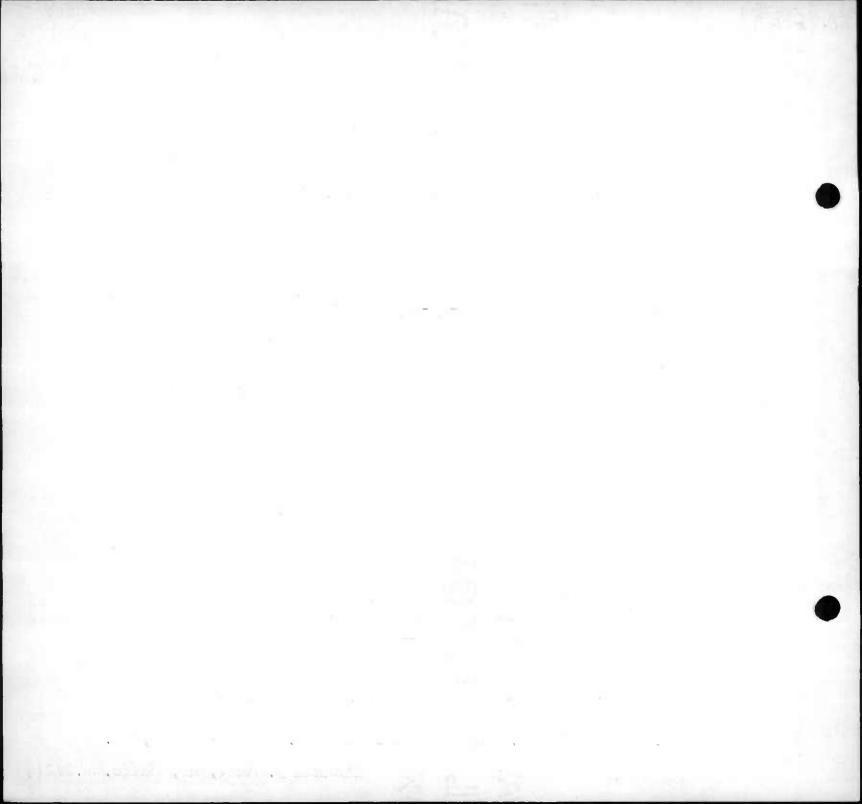


or contributing cause of death (4) Undetermined cause; (5) Deceased 0 a hospital death. attendance 0 prior occurred regular deceased death = Mas the assistant if death 0 attendance any pronounced fracture of regular chief medical examiner who 4 ල physician Was any nature; (2) Body burns; physician the 0 (except where ŝ 9 approved and o death) hospital 40 8 prior a

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) 1-25-4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL onder) drien Memorial Huspital D. STREET ADDRESS made. hvistophir 5. SEX 882 9. AGE (In years 6. RACE If Under 1 Yr. Months Doys 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoyl Widow 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? Housewig 13. FATHER'S NAME kokoboxxxx Anna Messany 0 trank 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)(III yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS final No None Rudolph Boehm Same CAUSE OF DEATH INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. the remains 42011 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, factory, street, alfice bldg., INJURY OCCUR? the body was released to the hospital MEDICAL DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 1-25-8 1-25 that (I) (we) last saw the deceased alive on.... 19 6 1 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must shows: (1) An accident 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. 1/26/68. Med. Stoff Director L approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Union Mumorial Darwish D.O.A. 24A. BURIAL CREMATION, 24B. 24D. LOCATION eceased REMOVAL (Specify) Baltimore, Md. Redeemer (emetery Holy **SDM** 25B. NAME OF 25A. DATE REC'D BY HEALTH DEPT. eonard J. Ruck, Inc. Balto. Md. 21214 Ō VS 150-REV, 1/1/65

Cleate M. I posterior

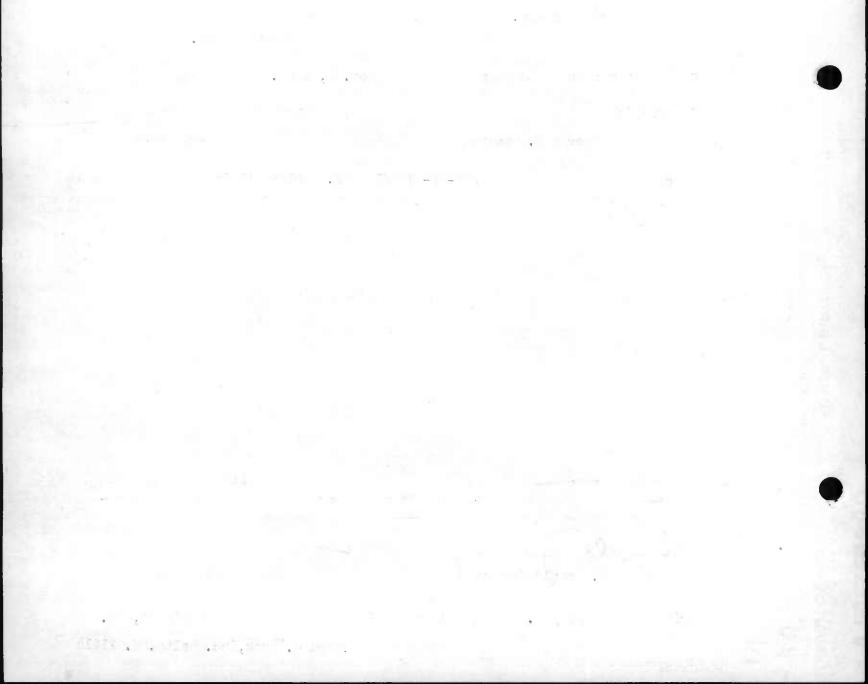
		65	3- 11	BALTIMORE	CITY H	EALTH DEPART	TMENT		(68 1106
	BIRTH NO. M.E. CASE NO.	OC		CERTIFIC	CAT	E OF DE	ATH	Registered I	No	
	I. NAME OF DECEA	SED ELSIE A	? M	ILLER		2	Jun	HOUR OF DEA	96 8	630 PM
	3. PLACE OF DEAT	3. PLACE OF DEATH IN BALTIMORE, MARYLAND					B. COUNT		If institutio	on: residence before admission)
	FULL NAME OF HOSPITAL OR	(If not in hospital a		give stieet		md.				
11	INSTITUTION			6- 10		BALTI		ide city limits, w	iite RURAL	ond give trwnship)
7	/ NORIH C	harles Ji	en.	for tal		STREET ADDR	ESS (If i	utal, give lacation		1.F. 21206
de.	5 254			NEWS MARRIED		5307	SIP.		# Al	/ -
is made.	F.	ω .	WIDOWED	NEVER MARRIED D. DIVORCED (specification)	у)	The second second	184	. AGE (In years ast birthday) 83	Mon	Inder 1 Yı. 1f Under 24 His.
disposition		ATION (Give kind of work rking life, even if retired)	10 B, KIND OF	BUSINESS OR INDU	JSTRY 11		State or foreig	in country)	12.	CITIZEN OF WHAT COUNTRY?
051	13. FATHER'S NAME				14	MOTHER'S M.	AIDEN NAM	NE		
ISP	MILLA	LD STEI	EFY			ann	Dr.	others		
ting! o	(Yes, no at unknown)	ver in U. S. Armed Face f yes, give war at date:	es? s of service)	16. SOCIAL SECURITY NO. 218-05-00	73	There A	Comber	wff 14. a	à 1.	Charles Sen Kisp
010	18.4/0	19 1	•	7.00	SE OF	DEATH	2	······································		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR EADING TO DEATH	ECTLY		B	Pour lo	mou	morie,		
embalmed		mean the made of sthenia, etc. It means		DUE TO		00	£	1.1		A
E	injury ar campl	icalian which caused		(B) C	0/6	& My	ocas	dial in	tock	-
- 1		CONDITIONS, if a	anv. giving	DUE TO)			0	A	
s are	rise to the	abave cause (A)		(C)						
ם	- 420.1	II								
before the remains	P TO THE DEA	CANT CONDITIONS C ATH BUT NOT RELA ONDITION CAUSING IT	TED TO TH	G E						
the			DITION FOR V	WHICH OPERATION		20 A. AUTOPSY	? (Yes or No)	20B. IF YES, W	ERE FINDIN	NGS CONSIDERED
ore.	19A. DATE OF C	WAS UNDERLYING		PLACE OF INJURY	e.a. in a	about 21 C WH	es ERE DID			give exact logation)
oetc	OR CONTRIBUTE	NG CAUSE OF		e, form, factory, stie						
	O 21D. TIME ()	Month) (Day) (Yeal)	(Hous) 21 E.	INJURY OCCURRED)	21F. HO	W DID INJU	JRY OCCUR?		
otained	S OF INJURY		Whi		While Wark					
obt		nat (1) (this hospitol			Ja			968 10	Jan	28 19 68.
De		est saw the decease		_	LS			t in (my) (our)	opinion o	death occurred an the date
must	23A. SIGNATURE	from the couses stot	ed abave. (I) (We (did) (did a	et) vie	w the bady off	ter deoth.		23 B.	DATE SIGNED
	Kober	& Kenbe	roff	M.D.	Attend Phys.	ng Me	ed.	Staff Phy s.		1/25/1968
approval	23C. PHYSICIAN NAME (Typ	Juli Juli	Hin	no	M.D. 5	002 7	RANG	EFORD 1	fre	21206
	24A. BURIAL CREM. REMOVAL (Spe		24C.N	AME of CEMETERY O	P CREM	ATORY	24D, LC	CATION	(City, tow	vn, ar caunty) (State)
Ten	Burial	1/29/	168. M	oreland M	emo)	rial (e		Baltin	rore,	
Written		Y HEALTH DEPT.	25B. NAME C	OF REGISTRAR		25C. FUNERAL		Ruch One	n Ra	Lto.Md.21214
	VS 150-REV. 1/1/65	N 2 9 1968 (Cal	Z. Fallan	1	Leonuc	u j. 1	الدر و ۱۱۸	-, Da	2000111110021214



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made.	written approval must be obtained before the remains are embalmed or final disposition is made.
sed prior to death. Such	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
gular attendance on the	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
mined cause; (5) Deceased 👣	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🚺
itributing cause of death	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
ccurred in a hospital and	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🗸
*	

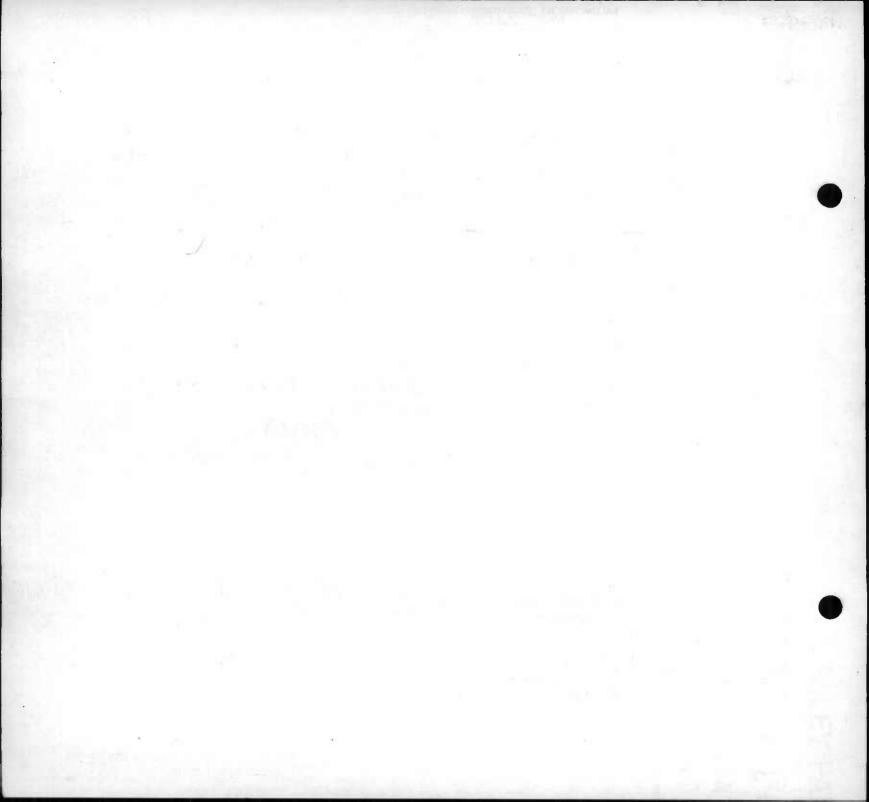
	68	- 110		TE OF DEATH	REG. NO		68 1107
BIRTH NO.	ECEA SED		CERTIFICA		AND HOUR OF DEA	ATH	2
(Type or Print)	France	F.	Chenowe	Th 1-	26-68	ALD	1918
3. PLACE IN B.	ALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (WI	nere deceased lived.	If institution	residence before admission)
FULL NAME C	AE AIE NOT IN HOSBIT	AL OR INSTI	TUTION, GIVE STREET	Maryland	1811		27-07
HOSPITAL OR	ADDRESS OR LOCA	ATION)	TOTION, GIVE STREET	C. CITY OR TOWN	D.	INSIDE CITY	LIMITS?
	913 Fleetwood	Ave.		Baltimore		YES X	NO 🗌
00				E. STREET AND NUMBER 2913 Fleet	wood Ave.		
· SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Month	der 1 Yr. If Under 24 Hrs s: Doys Hours Min.
Female		WIDOWE		Nov. 2, 1887.	. 8	30	
	CUPATION (Give kind of work of working lite, even if retired)	108, KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CI	TIZEN OF WHAT COUNTR
	sewife			Maryla	and		USA
3. FATHER'S N		77 O		14. MOTHER'S MAIDEN N.	AME	- Chamle	
	George	n. cam	aron		rary	Shunk	
5. Was Deceas Yes, no or unkno NO	wn) (If yes, give wor or dote	ces? s of service)	210-52-0782J	17. INFORMANT Mrs. Thelma	Williams		(Same)
18. DISE	ASE OR CONDITION DI	RECTLY	CAUSE OF DEATI				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAU		rteriosci	erosis	ZVEATE
heort foilur	nol meon the mode of e, osthenio, etc. Il meons	the diseos		A CONSEQUENCE OF!			
injury or c	omplication which caused						
	ANTECEDENT CAUSES		(B)	A CONSEQUENCE OF:			
	OR CONDITIONS, if the obove couse (A)			A CONSEQUENCE OF:			
	NG CONDITION Iosl.		(C)				
H 2 0 OTHER SIGN	NIFICANT CONDITIONS CO						
▼ DISEASE OF	ATH BUT NOT RELATED TO T	T 1 (A).					
	OF OPERATION 198, CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, W	CAUSES O	SS CONSIDERED F DEATH?
OR CONTR	DENT WAS UNDERLYING DENT WAS UNDERLYING CAUSE OF tify medical examiner	he	B. PLACE OF INJURY (e.g., i ome, form, foctory, street, of c.)	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Bol	timore City, g	give exact location)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?		
(APPROX.)			/hile At Not While At Work	e 🔲			
22. 1	fy that (1) (this haspita		1900000		1965 to	Uan	26, 1968
	last saw the deceose			19 68 and			eoth occurred on the do
1				/		Spinion de	occomba on the do
23A. SIGNA			(i) (maj (ala not) v	iew the bady ofter death	10	23 B. D	ATE SIGNED
/) /	1000	-		nding Med.	Staff Phys.		- 26-68
23 C. PHYSIC	CIAN'S	Come	DEGREE Phy	s. Director L	rhys. 🗀		46 60
23 C. PHYSIC NAME	(Type) R. Dona)	ld Jand	orf		77 Harford	Road	
4A, RUDIAL C	REMATION, 248. DATE	240	DEGREE	MATORY 124D	LOCATION	(City town	, or county) (State)
REMOVAL Buria	L (Specily)		ruid Ridge Cem			timore	
SA, DATE REC			OF REGISTRAP	25C. FUNERAL DIRECTO	O R		ADDRESS
	טתוז בים וזחט (John March	C' MANIGH IN	rechard of K	uon jine o	STOO OLK	A @ Co. dl. Co. educid
/S 150-REV. 1/	1/6B						



FUNERAL DIRECTOR: IMPORTANT

m-

l	68- 1108 BALTIMORE CITY HEALTH DEPARTMENT PEG NO. 68- 1108
TERSE.	BIRTH NO. CERTIFICATE OF DEATH
death death ceased on the	1. NAME OF DECEASED (Type or Print) CHARLOTTE C. MENTON 2. DATE AND HOUR OF DEATH 1/2/6/
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
hospinuse o	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
ting cat d cause; r attenc prior to e.	48Md GENERAL HOSP- BALMORA AVE.
2000	
ntr ntr rm rm egu	WIDOWED DIVORCED 1//04/07 lost birthdoyl Months Doys Hours Min.
or co ndete in r dece	10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) done during most of working life, even if retired) Housewife at home 11. BIRTHPLACE (Stote of foreign country) Md. 12. CITIZEN OF WHAT COUNTRY?
if de (4) U was the sposi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PARK DOTOTHY PEAR 14. MOTHER'S MAIDEN NAME
istant he di kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT husband ADDRESS APPLIANCE OF NO. Sauce
ass if t iny b ed dan or fi	18. 4 12 1 9 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
f o d	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH SHOCK
. Als	(This does not mean the made of dying, e.g., heart loilure, osthenio, etc. It means the disease,
ine act pr pr ula mb	injury or complication which coused death,) ANTECEDENT CAUSES SEVERE HEART FAILURE
A fr who reg	DISEASES OR CONDITIONS, IT any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
(3) (3) an in in s	underlying condition lost. (c) (c)
medical nedical burns; physici an was remai	422, / 11 O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
Body the pysicic	DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OR CONDITION GIVEN IN PART I (A). 199. DATE OF OPERATION NO 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by;; (2); here lo ph	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
d by	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ove e he nd cep	Work L AI Work L // 19 68
appr to th of an) il (ex n); all	22. I certify that (I) (this haspital) attended the deceased fram 19 that (I) (we) last saw the deceased alive an 19 and that in(my) (aur) apinion death accurred an the date
4 0 0 -	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
D O C	23A. SIGNATURE Attending Med. Shaff Phys. Director Phys.
0 - 0 - 5	23C. PHYSICIAN'S NAME (Type) A. N. MAVRIDIS 23D. ADDRESS MAME (Type) A. N. MAVRIDIS 23D. ADDRESS
	OEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, ar county) (State)
body ws: () b.O. b.O. ease	Burial 1/29/68 Holy Redeemer Cem. Baltimore, Md.
This certif the body shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Schimunek Funeral Home, Inc. 3331 Brehms Lane
	VS 150-REV. 1/1/6B



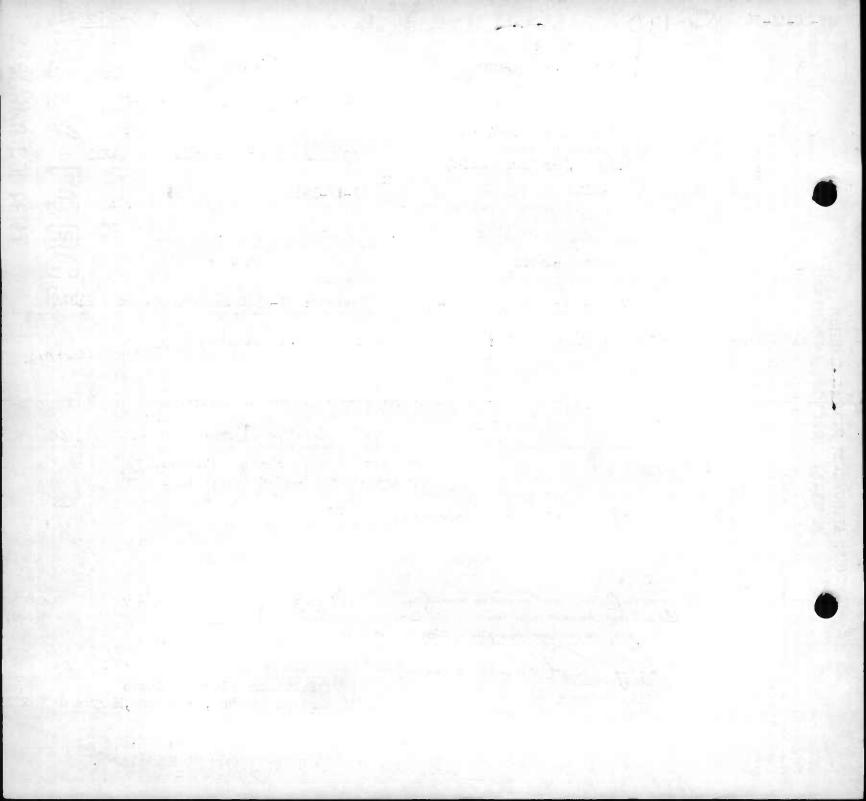
2114	68- 1109 BALTIMORE CITY	HEALTH DEPARTMENT 68 1109
5005	(FRIIFICA	TE OF DEATH REG. NO.
se th th	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
S	(Type or Print) BUSSELLS. MR. LOUIS	Penis 1/24/68 at 10.05 P.My M.
of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
Se (5) I anc dea	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md. 8-01
	INSTITUTION ADDRESS ON EGGATION	C. CITY OR TOWN D. INSIDE CITY LIMITS2
ng cause; attend ior to	48 Maryla i egen Hospital	E. STREET AND NUMBER
F = 5 2	Ju Targani Ju Troffe	2730, Pelhem Arenn
tribut mined gular sed p	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ontri ermi regu regu sase is m	WIDOWED DIVORCED	11 30 94 73
	IOA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
direct or colling to the colling to the colling to the colling disposition	Carrier N uls. Post Office	Ma. U.S.A
Vas vas osid	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(4) × th th is po	MARION BUSSELS	unknown
~ D H 0 _		17. INFORMANT ADDRESS
the kin dec nce	yes WW 1 - Army 218 402369	Mamie (nee Woods) Bussells, wife, above
4 78 8 .	18. 4 CAUSE OF DEATH	APPROXIMATE INTERVAL
0 - 5 0 73	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Als nou atte	LEADING TO DEATH (A) IMMEDIATE CAU	
. 50 - 8	heart loiture, asthenia, etc. It means the disease,	CONSEQUENCE OF:
act pr ula mb	injury or complication which coused death.)	farter.
E - 0 D 0	ANTECEDENT CAUSES (B) View	A CONSEQUENCE OF:
wh wh are	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS rise to the obove couse (A) stoting the	Seizure
dan sins	UNDERLYING CONDITION lost. (C)	See juilly
dical rrns; rsicia was main	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
phy an	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VERY DISEASE OR CONDITION GIVEN (IN PART † (A).	
a n ody ie F the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or Na) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Bo Hys hys	WAS PERFORMED 21B. PLACE OF INJURY (e.g., in	As should C. WHERE DID.
tal by a mec e; (2) Body bu here the phy No physician before the re	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, off etc.)	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location) linjury OCCU R?
A Z Z	D 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
the hospi iny nature except w and (6) h obtained	OF INJURY (APPROX.) While At Not While At Work	·
y n xce	22. I certify that (I) (this haspitol) attended the deceased from	1/2/1966
- 00		1) 2 1965 to 1 241965 . 111965 and that in (my) (our) apinion death accurred on the date
₽ ₽ G Q 4	ond hour and from the causes stoted obave. (1) (We) (did) (did nat)	
dent of ospital death	23A. SIGNATURE	23B, DATE SIGNED
idea D G	200 - 200 - MD. Atte	nding Med. Stoff P
0 0 5 5	23C.PHYSICIAN'S	Director LJ Phys. Phy
was r An a L. at o prior	NAME (Type) S. SWARAND MD	Manyland -ym Kospital
G 7 7 7	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
body ws: (1 s D.O ease		
the books: was D. deceas	Burial 1/29/68 Holy Redeemer	25C. FUNERAL DIRECTOR ADDRESS
the body shows: (was D.O decease written	JAN 29 1968 (10 69 Fan. 40	Schimunel Funeral Home, Inc. 3331 Brehms Lane
	VS 150-REV. 1/1/6B	1 3331 Brenms Lane

Maryles of commencer and when Assum ET 1135 11 " E Seejuses 19 (44) 65 MA) 65 5 Swappers to mangles of theps.

SAB-40-44-56

CO - 1110	TE OF DEATH REG. No. 68-1110
BIRTH NO. 1. NAME OF DECLASED (Jaroslav) (Type or Print)	2. DATE AND HOUR OF DEATH
LERRY L. CANA	13 Am. 124 68 1 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased/lived. If Institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Baltimore 5 5 0
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore City Hospitals	YES X NO
/ 4940 Eastern Avenue Baltimore, Maryland 21224	95 EDGEWATER APARTMENTS 21221
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
Male White WIDOWED DIVORCED	115-1912 55
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Driver Pollard Cab Co.	Baltimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bohomil Opava Frank	Anna Rmoutil
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates at service) SECURITY NO.	17. INFORMANT ADDRESS
(1) yes, give wor or dotes of service) SECURITY NO. WW2 - Army 218 22-5464	Records: BCH-4940 Eastern Avenue 21224
18. AUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Eudamonas Septicenia
LEADING TO DEATH	e odanours Seplicemia Ildani
(This does not mean the mode of dying, e.) DUETO, OR AS DUETO, OR AS	A CONSEQUENCE OF:
injury ar complication which caused death.)	
	ouchormonia 1d mys
	A CONSEQUENCE OF:
underlying condition last.	re Ingestion 1/8/68
F 9 2 / 3 II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	eatitis; Renal figilore;
	enerselenotive Herriet Dis
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1/1/68 Cale abornen	YES
U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, lorm, loctory, street, or	iffice bldg., INJURY OCCUR?
DEATH (notily medical examiner)	4940 EASTEPNATION
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) (APPROX.) (APPROX.) (APPROX.) (APPROX.) (BRINGER AT Mork Mark Mork Mork Mork Mork Mork Mork Mork Mo	INTENTIONER INGSTICE of 148
22. I certify that (1) (this haspital) attended the deceased from	1/8/68 19 10 1/24 1968
that (Dwe) lost sow the deceased alive on 1/24	19 68 ond that in my (our) opinion death occurred on the date
ond haur and from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	23B. DATE AGNED /
Gil (frame m. n.) AM	ending Med. Shaff 1/24/68
23C. PHYSICIAN'S	23D. ADDRESS Baltimore City Hospitals
Philip Coleman	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
REMOVAL (Specify)	
Burial 1/26/68 Bohemian Nati	
JAN 29 1968 P. O. A. S. January	Schimunek Funeral Home, Inc.
, and a second and a second and	3331 Brehms Lane

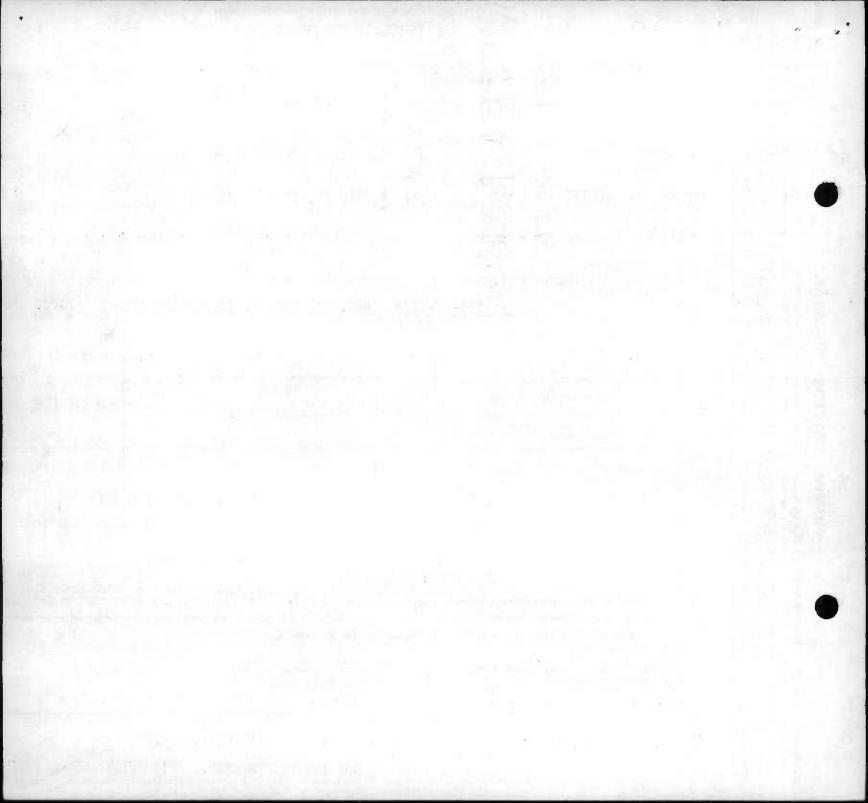
VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

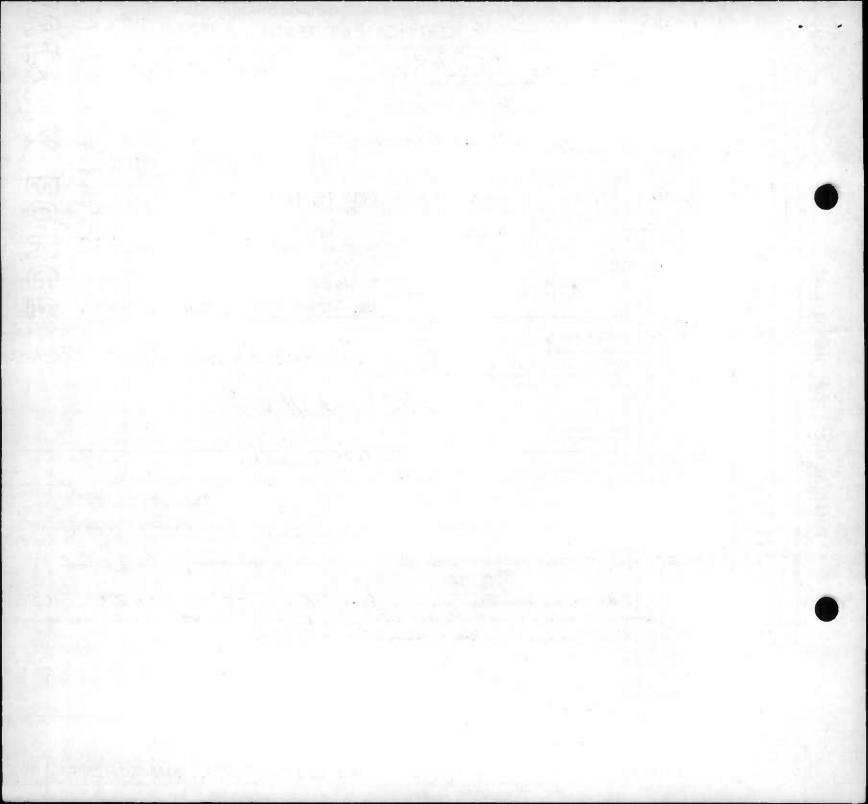
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

5-600 68-	BALTIMORE CIT	Y HEALTH DEPARTM	ENT REG NO	68- 1111		
BIRTH NO.	CERTIFICA	ATE OF DEA	TH	the star star star		
1. NAME OF DECEASED (Type or Print) SCHERA	IRVING JO		1/26/68	1 6 -10 pm		
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENC	E (Where deceased lived, If	institution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	MARYLAND	111 11 12	63:00		
HOSPITAL OR ADDRESS OR LOCATION	1)	C. CITY OR TOWN	17	NSIDE CITY LIMITS?		
112, SINAL H	DENIFA	BALTIMOR		YES NO 🔀		
7		E. STREET AND NU				
OF	IARRIED NEVER MARRIED			21209		
4.44.000 000000		B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
ALE M WHITE WI	DOWED DIVORCED DIVORCED DIVORCED	JUNE 25, 19		12. CITIZEN OF WHAT COUNTRY		
one during most of working life, even if retired)		Interess of the second	,			
	SALESMAN	BALTIMORE,		U.S.A.		
FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
ABRAHAM SCHERR		SOPHIA	?			
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NO	215-07-6223	MRS. RAY SC	CHERR, 2306 SMI	TH AVENUE #21209		
18.4410.91	CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECT	LY			SET WEEK STORE THE SET AND SET		
LEADING TO DEATH	AND MARKEDIATE CA	use acente -	movemental	ment		
(This daes not mean the made of dying	g, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	mgoendid			
heart failure, asthenia, etc. It means the	garl failure, asthenia, etc. Il means the disease, signly or complication which caused death.)					
ANTECEDENT CAUSES		4 6 5		2 4 4 4		
	4 S C U D S A CONSEQUENCE OF		3 Y R S			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) state	33	3 A CONSEQUENCE OF	•			
UNDERLYING CONDITION last.	(c)					
42011						
OTHER SIGNIFICANT CONDITIONS CONTRIL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART I 199A. DATE OF OPERATION 198. CONDITION WAS PERFORM		20A. AUTOPSY? (Ye	es or No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
	010 01 000	NO				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	office bldg., INJURY OC	CUR? (If In Boltin	nore City, give exact lacation)		
21 D. TIME (Month) (Doy) (Year) (He			DID INJURY OCCUR?			
OF INJURY (APPROX.)	While At Not Wh	ile 🗀				
isede	1101K — A1 1101	· _	10 (5	1/26		
22. I certify that (1) (this hospital) at	10 ,	(>-	19 65 to	1962		
that (4) (we) last saw the deceased of	ive on	19	and that in (my) (our) a	pinian death accurred an the dat		
ond haur and fram the causes stated o	ibave. (f) (Wa) (did) (didenot)	view the bady after	death.			
23A. SIGNATURE				23B, DATE SIGNED		
Fren 3. There, MD DEGREE Phys. Attending Phys. Director Phys. 1/26/68						
23C. PHYSICIAM'S NAME (Type)	DEGREE	23D. ADDRESS	PARK HEI			
LEON G. SHE	24C. NAME of CEMETERY OF C	E		(City, town, or county) (State)		
REMOVAL (Specify)						
BURIAL 1-28-68 m	HEBREW YOUNG MEN		BALTIMORE, MA			
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	2SC. FUNERAL DI		ADDRESS 010 DETETEDETOWN ROA		
SHILS INTO (5)	2. h E, starley	DOL LEVING	JUNI A DIVUS., O	010 REISTERSTOWN ROA		



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH of death Deceased Such T BIRTH NO. 0 I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY A. STATE (5) MARYLAND cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? cause; attend 0 YES NO Hospital prior contributing occurred 3104 GRANADA AVENUE #21207 made. etermined regular 5. SEX 9. AGE (In years 6. RACE White . MARRIED NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased lost birthdoy Hours FEMALE WIDOW WIDOWED DIVORCED JULY 15. 1889 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) death (4) Und HOUSEWIFE AT HOME U.S.A. BALTIMORE, MARYLAND M as 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME JOSEPH COHEN ? ROSA uo death S. Wos Deceosed Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance MR. ARTHUR MERICAN, 4101 COLONIAL RD. NO any APPROXIMATE INTERVAL pronounced 18. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF mbal heart failure, asthenio, etc. It means the disease, 9 injury or complication which caused death,) regul ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving the obove cause (A) stating the physician UNDERLYING CONDITION lost, the remains medical (c). Was 3d1945 П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body chief 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION O WAS PERFORMED before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exoct location) where OR CONTRIBUTING CAUSE OF to the hospital ŝ MEDICAL DEATH (notify medical examiner) any nature; obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY approved (except While At (APPROX.) At Work Work 22. I certify that (4) (this haspital) attended the deceased fram that (1) (we tast saw the deceased alive an and that in(my) (🐠 apinian death accurred an the date of hospital eath) and haur and fram the causes stated abave. (I) (We) (did) (did.ext)-view the bady after death. was released must accident 23 B. DATE SIGNED 23A, SIGNATURE Ū Attending Staff Med. 0 Phys. Director ___ approval 0 23 D. ADDRESS 23 C. PHYSICHAN'S prior a NAME (Type) SINAI HOSPITAL DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) deceased the body 0.0 REMOVAL (Specify) written shows: BURIAL 1-26-68 MOGAN ABRAHAM BALTIMORE. M dis 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

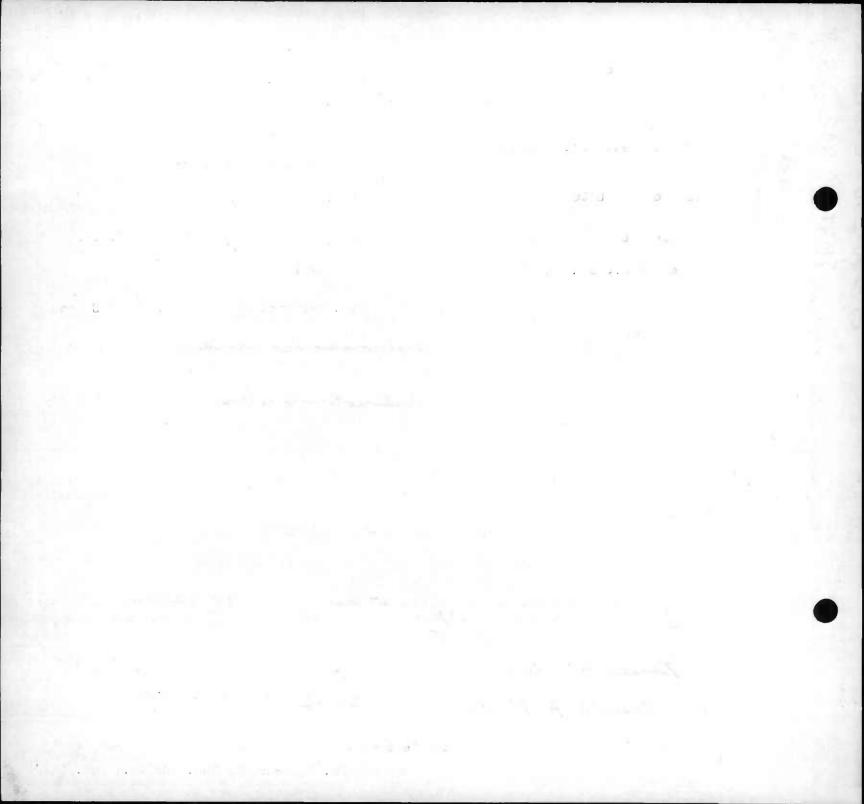


BALTIMORE CITY	HEALTH DEPARTMENT			
-24/0 68 1113 CERTIFICA	TE OF DEATH REG. NO. 68 1113			
BIRTH NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
Type or Print) & ZNAGIL SARAH	1-25.68 at- 12.15 PM			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION, GVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE MARY LANGUNTY BALTIMORE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
//	Bastimore YES V NO 1			
Sinai Hospital of Batto. M.D	E. STREET AND NUMBER			
Junes Million A	4601 PALL MALL ROAD #21215 7/1/10			
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED NOT DIVORCED	B. DATE OF BIRTH 18 9. AGE (In years If Under Yr. II Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY				
done during most of working life, even if retired) HOUSEWIFE AT HOME	RUSSIA 4.8A.			
	14. MOTHER'S MAIDEN NAME			
LOUIS MILLER	MIRIAM ?			
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) \$ECURITY NO.	17. INFORMANT ADDRESS			
	MR. MORRIS ZWAGIL, 3420 VARGAS CIRCLE #2120			
300,0	. BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SE Carolia arrest			
(This does not meen the mode of dying, e.g.,	SE Coroliae orker!			
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	CONSEQUENCE OF			
	- 111 11 02			
ANTECEDENT CAUSES (B)	cho pronomen a Poilat- pleuras effortion			
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS lise to the obove couse (A) stating the	A CONSEQUENCE OF:			
UNDERLYING CONDITION losi. (C)				
5-61.1				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
D 199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 4	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
2 1.19.08 Strangulated formorgiste	elina e			
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (3.9., ir OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	or about 2 C. WHERE DID //f in Boltimare City give exect location			
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
₩ OF INJURY (APPROX.) White At Not While				
Work At Work				
22. I certify that (I) (this hospital) attended the deceased from	1/14 1968 10 //25 1968			
that (I) (we) last sow the deceased alive on	19 @ and that In(my) (eer) opinion death occurred on the do			
ond haur and from the causes stated above. (1) (We) (did) (did not) v	iew the body ofter deoth.			
23A. SIGNATURE	23B. DATE SIGNED			
Phys	nding Med. Staff 1-25.68			
DEGREE	23D. ADDRESS			
MKSHMO SHED DEGREE				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (State)			
BURIAL 1-28-68 LUBOWITZ	BALTIMORE, MARYLAND			
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS			
JAN 29 1968 R. O. F. E. Falley MA	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROA			
VS 150-REV, 1/1/6B				

V.S. 153 2-6-68 M.H.

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FUNERAL DIRECTOR: IMPORTANT	er.	f	(except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Such	obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and we the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (deceased prior to death);	written approval must be
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	to	<u>`</u>	0	sec	2
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68- 1114 BALTIMORE	CITY HEALTH DEPARTMENT 68- 1114
CERTIFIC	CATE OF DEATH
BIRTH NO.	
N. NAME OF DECEASED (Type or Print) Sadie Stock	2. Date and Hour of Death 27 Jan 68 1 5 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
110/ 120/	Baltimore YES X NO NO
0 1104 West Pratt Street	E. STREET AND NUMBER 1104 West Pratt Street
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	
Female White WIDOWED X DIVORCED	March 29, 1895 72
IDA, USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Jackson	Josephine Hall
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No None	Mrs. Margaret Sly 1104 W. Pratt Street
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CALLEE
(This does not mean the made of dying, e.g., DUETO, OR heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury ar camplication which caused death.) ANTECEDENT CAUSES	tenoloselerosis 15 yrs
(B)	R AS A CONSEQUENCE OF:
rise to the obave cause (A) stating the	CAS A CONSEQUENCE OF:
(5)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	.g., in or about 21C. WHERE DID (If in Baltimare City, give exact location) It, affice bldg., NJURY OCCUR?
21D-TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not Work At W	While
22. I certify that (1)(this hospital) attended the deceased fram	A
tho (1) (we) lost sow the deceosed clive on 27 fan	19 68 and that In(hy) (our) opinion death occurred on the date
ond hour and fram the causes stated above (Me) (did) (dld no	at) view the bady ofter death.
23A. SIGNATURE	23 B. DATE SIGNED
Therald A Miller MD DEGREE	Attending Med. Shaff Director Director Phys. 27 Jan 68
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 2032 Wilkens Ave
Gerald A. Miller 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF	GREE
REMOVAL (Specify)	
Burial 1-30-68 Lorraine Ceme	etery Woodlawn Maryland 25C. FUNERAL DIRECTOR ADDRESS
JAN 29 1968 R. D. B. E. Farkey M.	
VS 150-REV. 1/1/6B	



68- 1110 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

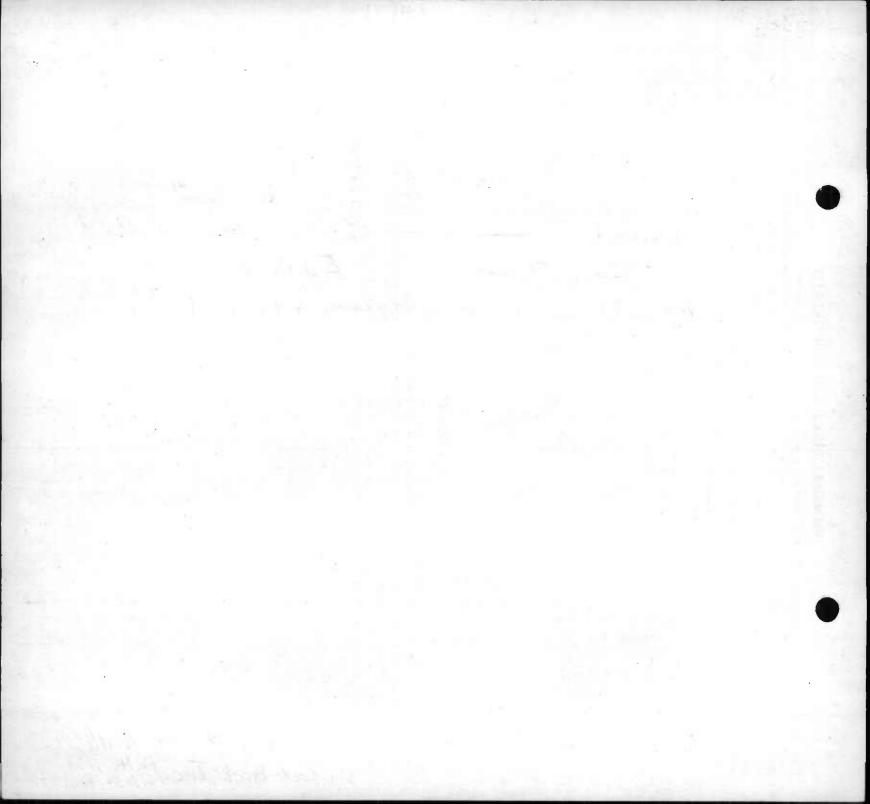
68-1115

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known 🕅 Manth Day Year Hour
(Type or Print) WALTER K. KRAMER	OF DEATH Estimoted 1 24 68 3:10 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 24 1968 3:10 a
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission)
5 D 0110 0 D 1 0	A. STATE B. COUNTY
6. SEX 7. RACE 8. MARBIED NIEVER MARBIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED LINEVER MARKIED L	
Male White WIDOWED DIVORCED	Baltimore YESK NO
9. DATE OF BIRTH 10. AGE (In years Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER
10-1-1895 72	3113 St. Paul St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
St. Louis, Mo. WHAT COUNTRY?	KNWNYNXKXXWXXXXX Unknown
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	
Carpenter Building	Unknown 18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dotes af service) SECURITY NO.	
Yes WW T 212-10-7036	Eva Kramer 1004 Keats Ave. Orlando, Fla.
19. 4 1 2 9 1 CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIATE (CAUSE
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AN SOMELONE ON
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
	te bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 2 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE
(APPROX.) m. WORK AT V	vork LI
23.	
	ond that on this basis, death in my opinion
resulted from Notural couses X Accident Suici	de Homicide Undetermined monner
1 1 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.E. M.E.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	January 24, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	
Burial 1-29-1968 Balto. Nat'1	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Balton Md. 21202
10N 20 1068 00 8- 9 Fr Com	Wm. Cook-Brooks, Inc. 1217 St. Paul St.
The state of the s	

THE STATE OF THE PROPERTY OF THE STATE OF TH

VS 150-REV. 1/1/68

BALTIMORE CI	TY HEALTH DEPARTMENT 68- 1116
68 1116 CERTIFIC	ATE OF DEATH REG. NO.
BIRTH NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) Gaston Hair	1-24-68 7:20 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 1205
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS
18/m //	Baltimore YES B NO [
illercy Hospital.	127 & E. North Avenue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 1 2-11-26 9. AGE (In years Months Doys Haurs Min.
10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUST	
dane during most of working life, even if retired) DISABLE DISABLE 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dotes of service) VES 77. 16. SOCIAL SECURITY NO. 240-30-151	NORTH CAROLINA WSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PRSS HAIR	Edith E. Care
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, na ar unknown) (If yes, give war ar dotes of service) SECURITY NO.	127 E. North ave
E Ves (240-30-151	17 Laura Nell Omsted Balto, Md.
5 7/10	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Renal Failure: 9 days
(This does not mean the made of dying, e.g., DUE TO, OR	AS A CONSEQUENCE OF:
LEADING TO DEATH (This does mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE (DUE TO, OR DUE T	
ANTECEDENT CAUSES	natio Coma
DISEASES OR CONDITIONS, if any, giving (B) / Le	patic Coma 12 days
rise to the above cause (A) staling the	te Alcoholic Cirrhosis 1965
UNDERLYING CONDITION last. (C). ITCU	TO TICOTORE CITTOSIS
5 8/1/ II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	, , , , , , , , , , , , , , , , , , ,
I A IDISEASE OR CONDITION GIVEN IN PART I (A).	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
	IN CERTIFYING CAUSES OF DEATH?
	g., in at obout 21C. WHERE DID (If in Baltimare City, give exact lacation)
OR CONTRIBUTING CAUSE OF home, 'form, factory, street, etc.)	office bldg., INJURY OCCUR?
	21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not V	
(APPROX.) Work At W	ork 🔲
22. I certify that (1) (this hospital) attended the deceased from	1-14- 1968 to 1-24- 1968
that (we) last saw the deceased alive on 1-23	19 68 and that in(my) (our) opinion deoth occurred on the date
and hour and fram the couses stoted obove. (1) (We) (did) (did not	t) view the body ofter death.
23A. SIGNATURE	23B. DATE SIGNED
E Be atrial & Denosial M. U.	Attending Med. Staff Phys. 1 -24-68
O DIVING DIAME	23D. ADDRESS
NAME (Type)	Mercy Hospital
PAME (Type) BEATRICE A. DONE SIELS, DEG 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF	CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State)
KENTO VAL (3DECITY)	+ 4 11 NI 1/ 1
Romo Val 1-26-1918 & Lee Fundament 258. NAME OF REGISTRAR JAN 29 1968 R. O. B. E. FORMAN	25C. FUNERAL DIRECTOR ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	1 - 11 - M-1
3 JAN 29 1968 Relieb E. Jackey M.	Win Cook-Brooks, Luc, 1917 a D. ICL



written approval must be obt

deceased prior to

23A. SIGNATURE

24A. BURIAL CREMATION,

VS 150-REV. 1/1/68

REMOVAL (Specify)

25A, DATE REC'D BY HEALTH DEPT.

hospital

0

a

D.O.A. shows: (1)

Was

a hospital and

11.1.	68 1117 BALTIMORE CITY	HEALTH DEPARTMENT 68 1117					
700	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.					
death eased n the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
U 0 .	(Type of Print) Edward WhEELET	1-28-68 87 Am.					
De pe	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE 8. COUNTY residence before admission					
0 0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3330 Elmo Md. 0-41					
se; (5 endan to de	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN, D. INSIDE CITY LIMITS?					
	Munion Memorial Hospital	Baltimore YES NO					
	1	3330 Elmora Aus.					
ermined regular sased pr is made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.					
min gul sed	m WIDOWED DIVORCED	2-4-93 lost birthdoy Months Doys Hours Min.					
contributi termined regular teased pr	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
deride	done during most or working life, even if retired)	Washington D.C. USA					
UT UT	13. FATHER'S NAME	Washington, D.C.					
(4) 4 + 4 d si	Un Known John T. Wheeler	WNKNOWN Susan V. Clocker					
- 6 4 4 6 F	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS					
the kin de nce fina	Yes Spanish-Amer. 212-52-6577	Mrs. Katherine KLEIN DECEASED					
if iny ed dan	18. 4 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
of a	DISEASE OR CONDITION DIRECTLY						
Als e o att	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAU	SE BRONCHO PHEUMONIA 14 DAYS					
oro ar	heart toilure, asthenia, etc. It means the disease, injury or complication which coused death.)	CONSERVE OF					
rage and	ANTECEDENT CAUSES						
Why e	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:						
(3) n in s a	rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. (C)						
tal 1s; icia as ain	491X II						
edica burns, hysici n was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
y by bhis	ID THE DEATH BUT NOT RELATED TO THE TERMINAL IDSEASE OR CONDITION GIVEN IN PART 1 (A). IDSEASE OR CONDITION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED					
sod bod he rsic	WAS PERFORMED	NO					
(2) E re t phy fore	U 2TA, ACCIDENT WAS UNDERLYING 121B, PLACE OF INJURY (e.g., i)	n or about 21 C. WHERE DID (If in Baltimare City, give exact location)					
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	nce olog, INJURI OCCUR:					
hospita lature; pt whe (6) No ined be	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
hos nat ept d (6	(APPROX.) While At Not While Work Not Work						
ny ny anc	22. I certify that (1) this haspital of tended the deceased from	HUARY 27 19 68,0 JANVARY 28 19 68					

Attending

8 Baltimore Cemetery
258. NAME OF REGISTRAR

that (1) (We) last saw the deceased alive an JAHUAR)

1/31/68

ond hour and from the causes stated above. (1) (We)

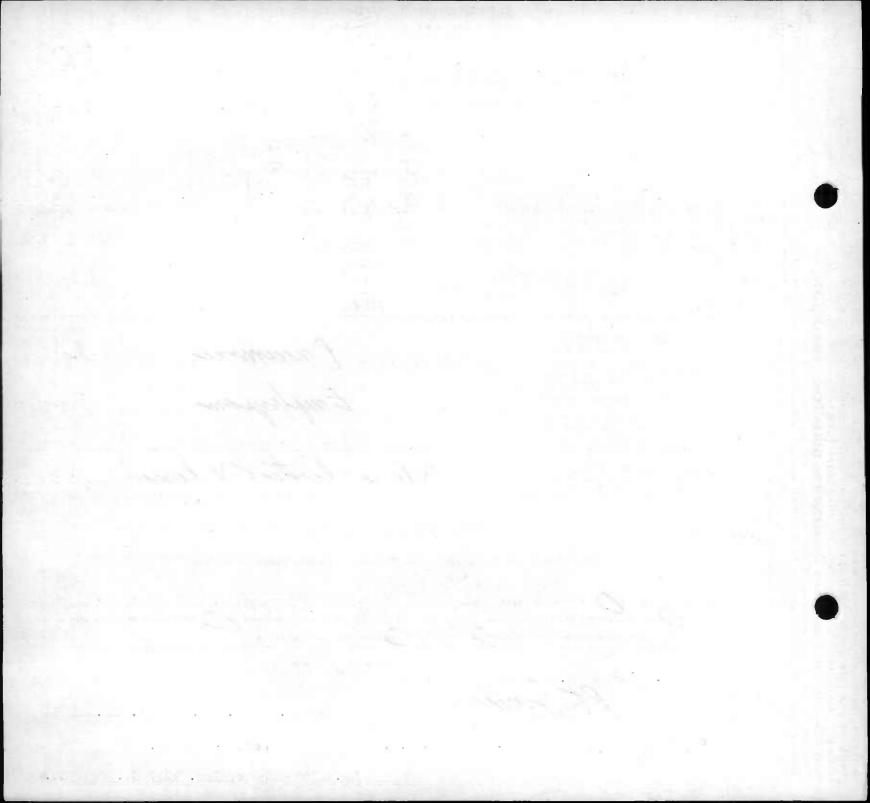
NGS CONSIDERED give exoct location) 68 to 19 68 ond that in (my) (au) apinlan death occurred an the date (did) (did not) view the body ofter deoth. 23B. DATE, SIGNED Med. Directar 23D. ADDRESS (City, town, or county) (Stote) Baltimore, md. 25C. FUNERAL DIRECTOR **ADDRESS** Wm. Cook-Brooks, Inc. 1217 St. Paul St.

Color International Color 3330 Elmora PhiE 2-4-43 Ex-DO 100 Mushon King Si Mark Kong or St. have the treet of the : M January of the same of the same a Lpm hel THE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF

1	68-1118 BALTIMORE CITY HEALTH DEPARTMENT 68-1118
2	CERTIFICATE OF DEATH
on the	1. NAME OF DECEASED (Type or Print)
_	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
ior to deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) O. INSTITUTION O. INSIDE CIDYLIMITS? YES X NO
	Perunck E. STREET AND NUMBER 40 # St
regular sased p is made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors Months) Days Hours Min.
eds is i	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, 81RTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dec dec	done during most of working life, even it retired) NONE MARY/AND U. Sa,
th was in the dec	Jhomas (Dui Rshank Lucy Waske)
death ince on final di	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) NO 16. SOCIAL SECURITY NO. 2.12-32-1157 A 17. INFORMANT
d d d	18. CAUSE OF DEATH
enda en da	DISEASE OR CONDITION DIRECTLY
att	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease,
ular mba	injury ar camplication which caused death.)
9 9 9	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:
n s	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
here the physician No physician was in before the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
re the phy physician fore the re	U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If In Soltimore City, give exect location)
lo ph	OR CONTRIBUTING CAUSE OF home, farm, factory, street, office bldg., INJURY OCCUR?
cept whad (6) National balanced by	OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED (APPROX.) (APPROX.)
	VVOIK LAT VVOIK L
9 0 40	that (I) (we) last saw the deceased alive an 112 le 19 le 8 and that in (my) (aur) apinian death accurred an the date
death); must be	and haur and fram the causes stated abave (I) (We) (did) (dfd nat) view the bady after death. 23A. SIGNATURE
hos do	Attending Med. Stoff .
- 0	Dr. Richard K. Gundry 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
A P	QEGREE 700 W. 40th St. Balto Md. 21211 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
was D.O.A. at a deceased prior written approv	REMOVAL (Specify)
ced itte	25A. DATE RECID BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
We	JAN 29 1968 Pole & Fallenta Wm. Cook-Brooks Inc. 1217 St. Paul St.

Wm. Cook-Brooks, Inc. 1217 St. Paul St.

2SA. DATE RECID BY HEALTH DEPT. VS 150-REV. 1/1/68



writte

VS 150-REV. 1/1/68

	BALTIMORE CITY	HEALTH DEPARTMENT 68- 1119				
	BIRTH NO. 68- 1119 CERTIFICA	TE OF DEATH REG. NO.				
	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	I homas to Mallory	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE D	A. STATE B. COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
1	INSTITUTION	Rollings YES NO				
7	Johns Hopkins Hospital	E. STREET AND NUMBER				
		2003 Dukeland St				
	MARKIED NEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. House 24 Hrs. Months Days Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
		BALTIMORE MARYLAND U.S.A.				
	13. FATHER'S NAME Woodlown, Md.	14. MOTHER'S MAIDEN NAME				
	THUURRON MALLORY, SR.	IANTHE CLARK				
1	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) ((if yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
1	YES WW-II 215-18-7171	THES. IRENE B. MALLORY 2003 Duke/And ST				
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Caccina itain				
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUS	CONSEQUENCE OF:				
	heort foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.)					
	ANTECEDENT CAUSES (8)	corcinoma of Colon				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stoling the	A CONSEQUENCE OF:				
	UNDERLYING CONDITION lost, (C)					
	Z ONLES SCALIFICANT CONDITIONS CONTRIBUTING					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	1994. Date of operation 1988. CONDITION FOR WHICH OPERATION WAS PERFORMED Tutesting Operation	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
1	Tutesting Optruction U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	a or about 21C WHERE DID (If In Baltimare City, give exact location)				
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off	ice bldg., INJURY OCCUR?				
- 1	D 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	OF INJURY (APPROX.) While At Work At Work					
		rember 39 1967 to January 36 1968.				
	that (1) (we) last saw the deceased alive an January 26	19 67 and that in(my) (ver) apinion death occurred an the date				
	and hour and fram the causes stated above. (1) (We) (did) (did hat) vi					
	23A. SIGNATURE	23B. DATE SIGNED				
	DEGREE Phys					
	NAME (Type)	3D. ADDRESS				
	CRILE CRISLER M.D. GEGREEN 24A. BURIAL CREMATION, 24B. PATE, 24C. NAME of CEMETERY OF CRE	JPHNS HOPKINS HOSPITAL MATORY 24D. LOCATION (City, town, or county) (State)				
	REMOVAL (Specify)					
	DURING 131/68 BALLIMORE NA!	10 MARY LONG BALTIMORES MARYLAND 125C, FUNERAL DIRECTOR ADDRESS				
	JAN 29 1968 (C. & & Fr. C. M.	HERBERT E. NUTTER 3035 W. NORTH AVE				

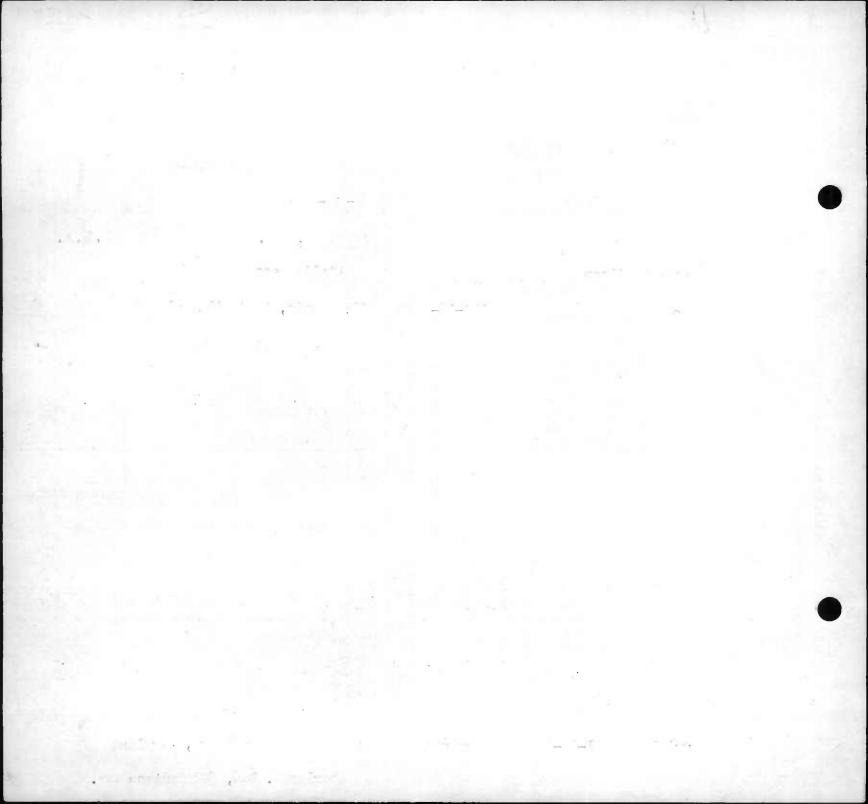
HICKORY & PORTON X STORY LINE Johns Hopfins Hospital JOOS Duteland St Make Colored X 12 11-16-10 invest, derk Vandlaun Md. BALTIMERE, MARYLAND U.S.A. YESS WW-II 215-18-197 Mis Lepus & Mallon BOS WALLER Carrinomatoria 1000 Adenogramma of Color 1-2-68 Intertwal Optivition 40 No Toront To PE Johnson J. Fyranat Busine Holler Bustmes National Can Bustmen Harding Herbert E Norge 2035 Willell ille

4. P	LACE IN BALTIMORE, M	MARYLAND, W	HERE PRO	NOUNCED DEAD	3. DATE	Month	Doy Y	eor Hour.	
HOS	NAME OF (IF N	OT IN HOSPITA RESS OR LOCAT	L OR INSTIT	UTION, GIVE STREET	5. USUAL RESIDENCE	Januar	y 22, 1968		O P.M.
0	807 Pennsylv	vania Av	renue		A. STATE Maryland		3. COUNTY	17-	01
5. 5				D NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY LIM	ITS!	
	ale Negi		WIDOWE		Baltimore		YES X	NO 🗆	
	ATE OF BIRTH	10. AGE (In lost birthday		f Under 1 Yr. If Under 24 Hrs. Jonths Doys Hours Min.	E. STREET AND NUMB	SEK		-	4034
9.	-8-1934	33				ylvania Av	renue		
1.	BIRTHPLACE (State or fore	eign country)	13	CITIZEN OF	13. FATHER'S NAME	7			
01	clahoma City,	Oklahor	ma	WHAT COUNTRY?	Arthur Pal	mer			
4A.	USUAL OCCUPATION (G during most of working life, Laborer	ive kind of work l even if retired)	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN Lula Banks				
1.4	WAS DECEASED EVER II	NIIS ADMED	EOPCES?	17. SOCIAL	1B. INFORMANT	,	ADDRES	S	
Yes	no or unknown) (If yes, give	e wor or dotes	of service)	SECURITY NO.	Rolfe Funer	al Home -			lahoma
	19. 4 6 9 1.			CAUSE OF DEA	Н			APPROXIMATE BETWEEN ONSET	
	00011							BEI MEEN ONSEI	AND DEATH
	DISEASE OR CON LEADING		CTLY		nt Peritoniti	s Due to I	Rupture of		
	(This does not mean th		ing, e.g.,	(A) IMMEDIATE C	AUSE KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Duodenal I	ilcer		
	heort foilure, osthenio, e injury or complication w	etc. It means the	diseose,	234320.4323,232432	THE PARTY OF THE P	, , , , , , , , , , , , , , , , , , , ,			
	ANITECEDEN	IT CALISES		(0)					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR				AS A CONSEQUENCE OF				
	RISE TO THE ABOVE CAUSE (A) STATING THE								
Z	UNDERLYING COND	IIION LASI.		(C)					
임	5-41,0	11							
8	OTHER SIGNIFICANT CO								
正	DISEASE OR CONDITIO							Partia	1
CERTIFICATION	20A. DATE OF OPERATIO	ON 20B. CON	NDITION F	OR WHICH OPERATION WA	AS PERFORMED		21. /	AUTOPSY? (Yes	or No)
ប	2.							Yes	
A	22A. EXTERNAL CAUS	F WAS	2:	B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE	DID (If in Boltimor	e City, give exoct loco	tion)	
MEDICAL	UNDERLYING OR CO	NTRIB-	h	ome, form, foctory, street, offic	e bldg., etc.) INJURY OCC	CUR?			
Σ	22D. TIME (Month)	(Doy) (Yeor	·) (Hour)	22E.INJURY OCCURRED	22F. HOW D	ID INJURY OCCU	IR?		
	OF INJURY (APPROX.)				WHILE				
	23.		n		ORK L				
ř	1 certify that 1	held on 1	nquiry _		artial topsy K ond the	t on this bosis,	death in my opini	on	
,	resulted from:	Naturol cau	ses X	Accident Suicio	le Homicide	Undetermin	ned manner		
	,				CHIEF MED	ICAL EXAMINER			
	ACTUAL	102-0	1.0	100	ASSISTANT MED	ICAL EXAMINER	₹₹	DATE SI	SNED
	SIGNATURE	LC-1W	717	M.D	•			1/23/	68
	EXAMINER'S	Werner 1	U. Spi	tz, M.D.	ASSOCIATE MED	ICAL EXAMINER		1/25/	00
24	NAME (Type)	24B. DATE		240 NAME of CEMETERY	OF CREMATORY	24D LOCATION	(City, town, or co	ounty) (S	tote)
RE	MOVAL (Specify)		113						,010,
	Burial	1-28-6	68	Hill Crest G	ardens	OKLAnoma	City, Okla	ATTOREA	
25/	JAN 29 1968		E 17	ME OF REGISTRAR	Walter Ro	lfe - 180	N.E. 10tl	h St.	
				,	UKLahoma	city, Ok	ranoma /	3117	
VS	151-REV. 1/1/6B								

Section of the sectio

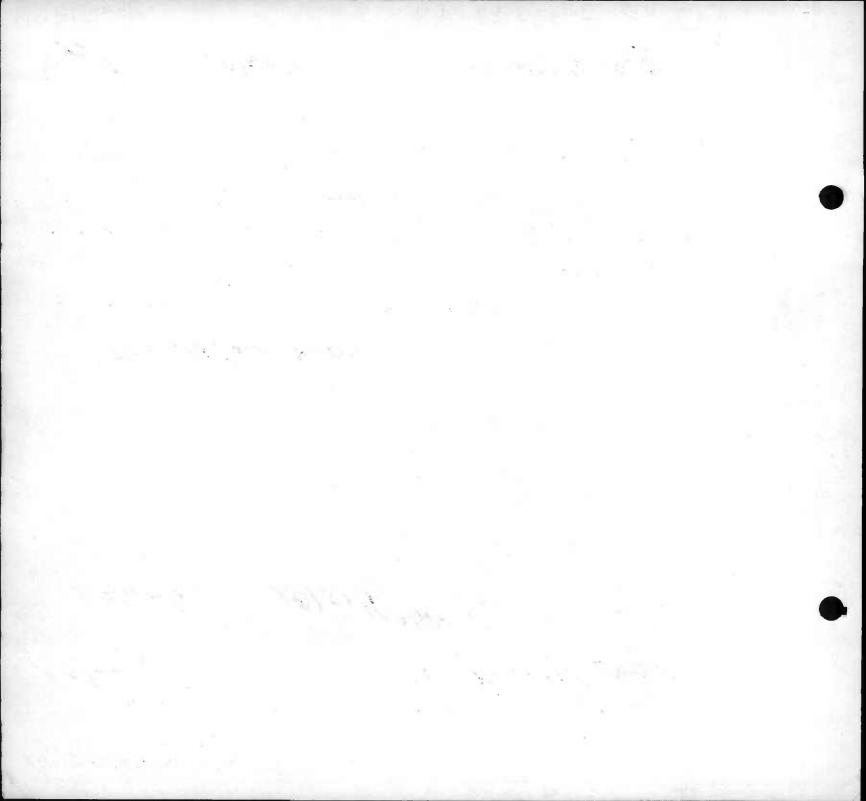
FUNERAL DIRECTOR: IMPORTANT

7.5705	68- 1121 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	68- 1121	
and ased the the Such	1. NAME OF DECEASED	2, DATE AND HOUR OF DEAT	н	
- 0 c d	SARAH JUNES DAVIS	January 25,	1968 M.	
ant if death occurred in a hosp direct or contributing cause d; (4) Undetermined cause; (5) ath was in regular attendant on the deceased prior to dec I disposition is made.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	Maryland	ISIDE CITY LIMITS?	
	00 3804 Hillsdale Road	Baltimore E. STREET AND NUMBER	YES NO 🗌	
	S. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
	Female Colored WIDOWED DIVORCED LIDA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Housewife	Rreeman, Va.	U.S.A.	
	Joseph Wilson	Otelia Mosa		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
tin d A Pini	No 214-26-2882 CAUSE OF DEAT	Miles Davis, 3804 Hillsda	le Road	
o, if fany nced enda d or	DISEASE OF CONDITION DIRECTLY	D //	BETWEEN ONSET AND DEATH	
examiner or lexaminer. Als 3) A fracture on who pronou in regular att	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF:	Vapular	
medical or burns; (sphysician an was is remains)	O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
chie Bod the ysic e th	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?	
ital by e; (2) there No ph befor	OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical assertion)	in or obout 21C, WHERE DID (If in Baltin office bldg., INJURY OCCUR?	are City, give exact location)	
ved b hosp natur ept v d (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not While At Work At Work		15	
must be approveleased to the ccident of any in hospital (excite to death); and all must be obten	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive of		pinian death accurred an the date	
	and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Staff Director Phys.			
was r was r An at prior	23C. PHYSICIAN'S NAME (Type) BORO SICO DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		City, town, or county (Stote)	
certi sody rs: (1 D.O. asec	REMOVAL (Specify)			
This certif the body shows: (1) was D.O., deceased written a	Burial 1-30-68 Arubuts Mom I 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR JAN 29 1968 Roberts E. Lawren	2SC. FUNERAL DIRECTOR Charles R. Law, 802 M	ADDRESS	
	VS 150-REV. 1/1/68			



MIN ALDE . I bet milet ? General Control of the Control of th THE PERSON NAMED IN COLUMN es result to a lace present that a first the Kulley and a

VS 150-REV. 1/1/68



68-	1124 BALTIMORE CITY HEALTH DEPARTMENT	AMENDED	2-8-68 68
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68- 1124 CERT	FICATE AMENDE	D ²⁻⁸⁻⁶⁸ 68-1124
BIRTH NO. 17-25564 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.)
1. NAME OF DECEASED (Type or Print) CHRISTOPHER BYRD		1968 10:35 A
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy PRONOUNCED DEAD January 25, 5. USUAL RESIDENCE (Where deceased lived. If institutions)	
Hopkins Hospital 6. SEX 7. RACE 8. MARRIED NEVER MARRIED	A. STATE Maryland B. COUNTY C. CITY OR TOWN D. INSIEC	
Male Negro WIDOWED DIVORCED D	Baltimore	YES NO
11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF	1305 N. Chaple Street	
WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Shirley EdWARD	JR.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	WM BYRD JR. 1305 N. C	HAPEL ST
heort loilure, asthenia, etc. It means the disease, Injury or complication which coused death.) ANTECEDENT CAUSES (B)	CAUSE Sudden-death-in-infancy AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No) Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.3NJURY OCCURRED	in or obout 22C. WHERE DID (If in Boltimore City, give e bldg., etc.) INJURY OCCUR?	
OF INJURY WHILE AT NOT	WHILE VORK	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Resulted from: Noturol causes X Action Suicident Suicident Suicident M.D. Suicident M.D. Suicident M.D. M.D. M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Jan	DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY 1-27-68 MT (AL) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	OF CREMATORY 24D. LOCATION (City, 10) 25C. FUNERAL DIRECTOR JOSEPH KNIGHT 1639	WN/Y Md ADDRESS ROADS WAY

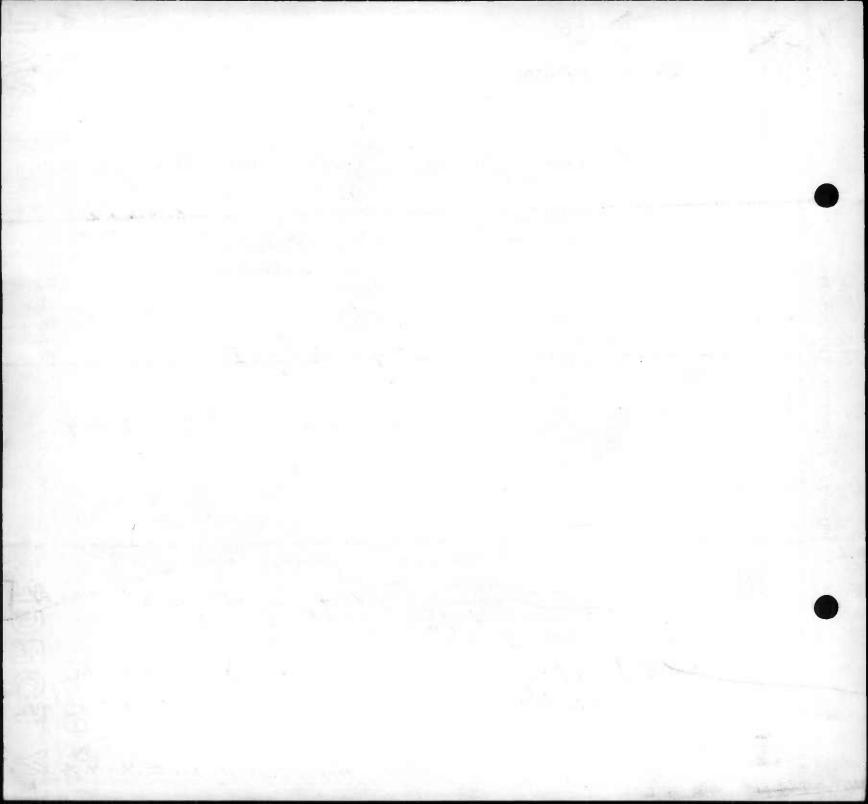
Letter from M.E.'s office 2-8-68 M.H.

3-655 BIR 68- 1125 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 67 - 23963 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 58- 1125				
1. NAME OF DECEASED	2. DATE Known X Month Day Year Hour				
(Type or Print)	OF S				
SAMUEL BURNHAN	2 2 2 2 3 4 3 5 4 7 7 7				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	January 27, 1968 210:00 am.				
ORINSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)				
S Man Hard DOA	A. STATE B. COUNTY				
Mercy Hospital D.O.A. 6. SEX 7. RACE 8. MARDIED DIEVED MARDIED	Maryland C. CITY OR TOWN D. INSIDE CTY LIMITS?				
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CHY OK TOWN				
Male Colored WIDOWED DIVORCED	Baltimore VES X NO				
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER				
11-30-67 lost birthdoy) Manths, Doys, Hours, Min.	200 N Airmith Ch Ant OD				
1 2 Mo 2 i ! !	200 N. Aisquith St. Apt. 8B				
WHAT COUNTRY?	1.				
Balta, Ma, WHAI COUNTRY!	James Karney				
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)					
done during most of working life, even il retired)	Jacklin Burham				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	118. INFORMANT ADDRESS				
(Yes, no ar unknown) (if yes, give wor or dotes of service) SECURITY NO.	Jocklin Burnham 200 Alsquith St.				
19. 4 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
The state of the s					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(A)IMMEDIATE C	AUSE Interstitial pneumonia				
heort foilure, osthenio, etc. It meons the diseose,	AS A CONSEQUENCE OF:				
injury or complication which coused death.)					
ANITECEDENIE CALIFEE					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE	A CONSEQUENCE OF				
UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WARD CONDITION OF THE CONTRIBUTION WARD CONDITION OF THE CONTRIBUTION WARD CONDITION OF THE CONTRIBUTION WARD CONTRIBUTION OF THE CONTRIBUTION WARD CONTRIBUTION OF THE CONTRIBUT					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21, AUTOPSY? (Yes or No)				
	YES				
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in ar about 22C, WHERE DID (If in Boltimare City, give exact location)				
UNDERLYING TOR CONTRIB. home, form, foctory, street, office	e bldg., etc.) INJURY OCCUR?				
☐ UTING ☐ CAUSE OF DEATH.					
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?				
WHILE AI NOT	WHILE OVERK				
23.					
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my opinion					
resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner					
CHIEF MEDICAL EXAMINER DATE SIGNED					
ACTUAL LAND ASSISTANT MEDICAL EXAMINER A					
SIGNATURE M.D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER					
NAME (Type) Edward F. Wilson, M.D. January 27, 1968					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
REMOVAL (Specify)					
M. A					
Burial 1-30-68 Mt. Calyal	y Cem. Anne Armedel ato MJ				
	y Cem. Anne Aroudel Cty. M.Z.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25c. FUNERAL DIRECTOR ADDRESS WM MARCH 928 E. North Ave				

			HEALTH DEPARTMENT		68- 1126
	BIRTH NO. M.E. CASE NO. H.	126 CERTIFICA	TE OF DEATH	Registered No.	OO IICO
	1. NAME OF DECEASED (Type of Print) CO F. S. Thompson		2. DATE AND	TO HOUR OF DEATH	8 45 Am.
	3. PLACE OF DEATH IN BALTIMONE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		itution: residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	MARCIAND C. CITY OR TOWN (If outside city limits, write RULAL and give township)			
	Simi Hospital	Rollingue.	- 10	urol, give location)	3
mad	5. SEX 6. RACE / 7. MAR	RIED NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min,
ion is	10A. USUAL OCCUPATION (Sive kind of work 10B. KIN) done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?
sit	13. FATHERS NAME / HARMING Deeps	AL KELINING	14. MOTHERS MAIDEN NAM	A E	0-317
disposition	,	V	Maggie Thi	ompson	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
final	no		claughten	30	
0	DISEASE OR CONDITION DIRECTLY	CAUSE O			ONSET AND DEATH
ned	LEADING TO DEATH	(A) Mu	pendid el	refarction	/
balmed	(This does not meon the mode of dying, heart loilure, osthenio, etc. It meons the dise injury or complication which coused death.)	e.g., DUE TO	Suspec	7	
E	ANTECEDENT CAUSES	(B)	• • • • • • • • • • • • • • • • • • •	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	A-A-A-C-48 A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-
are	DISEASES OR CONDITIONS, il ony, gi rise to the obove couse (A) stoling	ving the (c) Prec	emonis		3 days.
ins	UNDERLYING CONDITION loss.				/
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
e the		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIT IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(1f in Boltimore	City, give exact location)
ained	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		JRY OCCUR?	
obte	22. I certify that (I) (this haspital) attend	led the deceased from	1-24	968 10 1-	25 1968,
pe	that (1) we lost sow the deceased alive	-		ot in (my) (our) opini	on deoth occurred on the date
ust	ond had rond from the couses stoted above	re. (1) (We) (did) (did not) v	iew the body after death.		23B, DATE SIGNED
Ε	Haul Krickmen	M.D. Atte	ending Med. Director	Stoff Phy s.	1-25-68
approval	23C PHYSIGIAN'S NAME (Type)		23D. ADDRESS	- · / - /	OR-OL.
app		IC. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City	town, or county) (State)
ritten	Burial 1-29-68	MH. Auburn	Tem. Ba	Mts. Md.	U
writt	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	pc # 928 1	E Houth Aue

BURIAL CREMATION, REMOVAL (Specify) Auburn Cem. em. 32 Buria 258, NAME OF REGISTRAR ADDRESS Wis C. MARCH 928 E. Houth Ave VS 150-REV, 1/1/65



B-300

68- 1127 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REPORT OF DE

68- 1127

BIR	TH NO.				REG. NO		
	NAME OF DECEASED	2. DATE	Known 💢	Month	Doy	Year	Hour
(IAb	e or Print) HARRY BOYD	OF DEATH	Estimated 🔲	1	2.7	68	1.00- 4
4. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Month	Day	Yeor	1:00a M.
FULI	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONO	JNCED DEAD				
HOS	PITAL ADDRESS OR LOCATION) NSTITUTION	c UCUAL B		mary	27	1968	1.00a M.
5/		A. STATE	ESIDENCE (Where		ed. It institution B. COUNTY	i: residence b	etore admission)
1	1417 N. Broadway		Maryland				
6. S		C. CITY OR	Maryland TOWN		D. INSIDE CI	TY LIMITS?	
١.						[П
	ATE OF BIRTH 10.AGE (In years If Under 1 Yr, If Under 24 Hrs.	Balti	NO NUMBER			ES Ly	NO L
-	last birthday) Months Days Hours Min.	L. SIKEEL	AND INDINDER		2000-2000	7	7
0	UNE /2 73 7	1417	N. Broad	way	0		
11. 1	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER	SNAME	0		74-	
1	Middlesex Ut. WHAT COUNTRY?	14	dior	170	you		
14A.	USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME	1		
dane	during mast of warking life, even if retired)	1 61	arohet	to la	ome	3	
16	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORM				DDRESS	
	na ar ynknown) (If yes, give war ar dates of service) SECURITY NO.			1 1			
	No 213-01-5763	1	chan /	254/	_	SAMe	
	9. LII CAUSE OF DEA	TH *		1			PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Hypert	ensive	Anteriosc	lerotic	Cardi	0173 9 0 11	lar
	LEADING TO DEATH (A)IMMEDIATE O				. Ourur	ovascu	Lai
	(This does not mean the mode of dying, e.g., DIFTO OR,	AS A CONSEQ	UEN CE OF:	i s ease.			
	heart foilure, osthenia, etc. It means the disease, injury ar camplication which caused death.)						
	ANTECEDENT CAUSES (B)						
	DISEASES OR CONDITIONS, IF ANY, GIVING THE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSE	QUENCE OF:				
7	UNDERLYING CONDITION LAST. (C)						
CERTIFICATION	443 X II						
₹	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
[[윤]	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						***************************************
닯	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
삥							
7	22A. FXTERNAL CALISE WAS 22B. PLACE OF INITIRY (e.g.		OC WILLIAM DID	for a market	Circ	N	0
0	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- 22B. PLACE OF INJURY(e.g., hame, farm, factory, street, offic	e bldg., etc.) I	NJURY OCCUR?	(It in Boltimore	City, give exa	act locotion)	
MEDIC	UTING CAUSE OF DEATH.						
	22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	2	2F. HOWDID IN	JURY OCCU	R?		
	(APPROV.) WHILE AI CO. NO.	WHILE CORK					
	23.						
	I certify that I held an Inquiry Inspection X Au	tapsy 🗌	and that an t	his basis, a	leath in my	apinion	
	resulted from: Natural causes K , Accident Suicic	le \ H	micide 🔲	Undetermin	ed manner	7	
			CHIEF MEDICAL E	100			
	ACTUAL DE LA RANGE III						DATE SIGNED
	SIGNATURE M.D	A551	STANT MEDICAL E	EXAMINEK I	X		
	EXAMINER'S	ASSC	CIATE MEDICAL E	XAMINER		0.	1060
241	NAME (Type) Edward F. Wilson M.D. BURIAL GREMATION, 1248, DATE 1240, NAME of CEMETERY	CDF44476	NDV last	LOCATON		lary 27	
	BURIAL GREMATION, 24B. DATE 24C. NAME of CEMETERY	AA	A . 24D.	LOCATION	(City, towr	n, ar caunty)	(State)
11 // 1	orial 7-21-68 CANUON	1/cm	· Park	LAV	re		md.
_	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C.	FUNERAL DIRECTO	OR,	. A	DDRESS	
	4 4 9 9 9	54	1	11/-	1.5	R	The A.
	IAN 20 1968 AD O. B. E. Stacker AM	1-4	cond a. a	1151-	100	00 Ban	my 11-0
VS I	51-REV. 1/1/68		V				

		7		B. 00 1100	ALTIMORE CITY	HEALTH DEPARTMENT		00
	W	757:05		Man gensey 68-1128 C	ERTIFICA	TE OF DEATH	Registered No	68 1128
4	3/6	and eath ased the		E. CASE NO.			HOUR OF DEATH	
00	E	ital and of death becassed on the th. Such	(Тур	pe or Print) FRANCIS D	AVIS		25/68	1721011
36	0	of Dec	3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before odmission)
3	.vs	F - 2 9				A. STMARYLANDOUNT	1	a Cla
3	W	hos use ; (5) dan de	F	FULL NAME OF (If not in hospital or institution, give stree oddress or location)	1	C. CITY OR TOWN (If outs	ide city limits, write RU	RAI and give township)
0	j	se, ca	'	INSTITUTION	LT ID GOVERNMENT	BALTIMORE		Y LIMITS
X	1	in age	13	3THE JOHNS HOPKINS HOSPIT	AL	D. STREET ADDRESS (If re	urol, give location)	
	L	din din	1			2011 E. JEF	FERSON ST.	
.N	0	d ad	. 5. S			B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1		Se B		MALE NEGRO NEVER	MARRIED	2-10-63	ost birthdoy)	violinis Doys Hours Mill.
1		o o o o o o o o o o o o o o o o o o o	IOA	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE			n country)	12. CITIZEN OF WHAT COUNTRY?
0		in de la composition della com	don	ne during most of working life, even if retired)		12 0 /5 ma		11 DA
		de as	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	11-214
1		年 ● ◆ ≯ 丰 京田	4	CHARLES DAVIS		BARBARA	GOINES	
8	Ξ	4 2 4 E.B	15.1		TAL	17. INFORMANT	••••	ADDRESS
1	A	a = a = a = = = = = = = = = = = = = = =	(Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) 16. SOC SEC	URITY NO.	A A A	1	P ADDRESS
20	R	SS T A D DITT		no .	_	Charles L	else,	Seem
0	MPORTA	or ded p		18.2875XI	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
0	N N	his of of of		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	R	bd 00	1. 1	666
8	=	Aeger	P	(This does not mean the mode of dying, e.g., 12	TA) Sme	le + Thermal &	yeary today	2 January
1	~	Par par		heart failure, asthenia, etc. II means the disease,	A.			
	ō	in a da d		ANTECEDENT CAUSES	5 Second	lay anxie dam	age to brace	
7	5	A fr.		DISEASES OR CONDITIONS, if ony, giving	ZDUE TO	/	P	
0	Ä	3) / A		rise to the above cause (A) stating the	Fid hes	it + Ridney	Lanes on a constant can a sure and concentrations of the constant can be a constant can be a constant can be a	
	3	la si		UNDERLYING CONDITION last,	3	/		
9	5	die sic sic	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	AR.			
W	4	hy hy	TION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20			
S	A A	Acio de la cio	Š	19A. DATE OF OPERATION 198, CONDITION FOR WHICH C	PERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
7	Z	chie Bod the ysic e th	ERTIFI	WAS PERFORMED D		YES	IN CERTIFYING CAUS	ES OF DEATH?
LE	E	Phe Sphe	30	21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
201		tall the pe	¥	DEATH (notify medical examiner)	/ has=	3 40/	na) 1011	1. 1 101 1 00
0		by X by	MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY	OCCURRED 2	21F. HOW DID INJU		figure +
	•	bed to the ded	2		Not While At Work	a preside	In facility	gas reader
10		y n y		100000111		1/25	9 68 to	1/21- 1968
		pp the contract of the contrac		22. I certify that (I) (this hospital) attended the dece	//a			an death occurred on the date
		한 수 부 등 근 역		that (I) (we) last sow the deceased alive an	1/25		t in (my) (out) opini	an death occurred on the date
		sed sent spit eat		and have and from the couses stated above. (1) (We)	did) (did nat) vi	ew the bady ofter deoth.	и	38, DATE SIGNED
		ust iden iden oppose		San Signal V	M.D. Atter	nding Med.	Stoff 💌	1-1
		E = 5 = 1		Trum don	Phys	Director 3D. ADDRESS	Phy s.	1128/08
		An a at at ior		23 CHYSICIAN'S NAME (Type)			Januarya Ha	0013:41
		E 3 5 4 5 5	L	IRVIN R. COHE	M.D.			SPITAL
		F TO O O C	244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY of CRE	MATORY 24D. LC	CATION (City,	town or county) (Stote)
				Duriel 1- 30-68 het a	utur (eut	Ballo M	ex .
		nis nov nov as as	25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIS	TRAR	25C FUNERAL DIRECTOR		ADDRESS
		それをおける		JAN 29 1968 (1.0. 5 E. 4	La View Mile	Chaplehla	2 ron B	antly an
		This ce the boo shows: was D. deceas	254	JAN 29 1968 0 0 6 8 8 4	2 Ocypia	Chy Olenla	e son B	earthy an

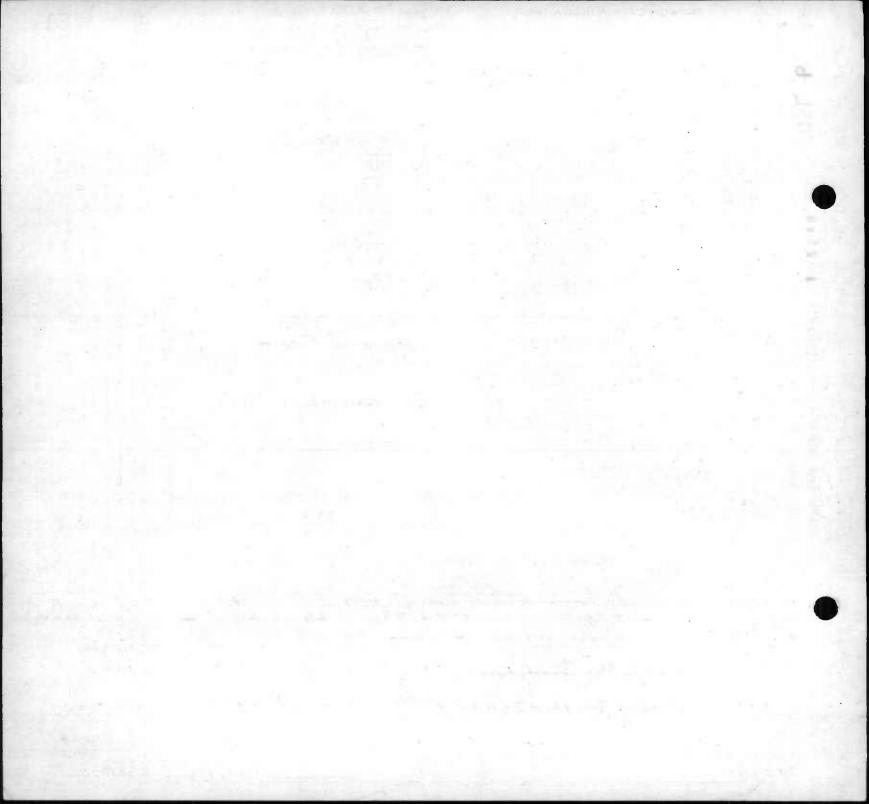
F Soule + The wal despired to tung. To Bearing empre damps to bring

KETEREED ON JUBBUREAN

1100	BALTIMORE CITY HEALTH DEPARTMENT
1129	CEPTIFICATE OF DEATH

EG.	NO	68-	11	29

BIRTH NO.	CERTIFICA	IE OF DEATE	1	
1. NAME OF DECEASED		2 DATE	AND HOUR OF DEATH	
(Type of Right 1)	, \	2. 0811	33 / 35 /	2.6.30
Miller UNE!	V.	67	1-25-6	8 9:32 PM. on: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived, if institution	on: residence before admission)
		1 440.	11730	1 1 1 1
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	1,000	1 DIGGYIV	1 1701
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C CITY OR TOWN	D. INSIDE CI	TY LIMITS?
23		BGIT M	YES	D NO T
2 1 11 1 1 1	1 -1 1	E. STREET AND NUMBER	R	2 1
Table Hank	1 to 2 x t			
Johns Hop Mins	INITAL		-	
S. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If U	Inder 1 Yr. If Under 24 Hrs.
FEMALE NEGRO WIDOWE	DIVORCED	11-14-20	4	
TOA, USUAL OCCUPATION (Give kind of work 108, KIND		11. BIRTHPLACE (State of	foreign country)	CITIZEN OF WHAT COUNTRY?
dane during mast of working life, even if retired)			, , ,	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
JOHN ATKINS		SUSIE A	LLEN	
S. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, na ar unknown) (If yes, give wor ar dotes of service	SECURITY NO.			
18. () / ()	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	HEP	ATIC COMP	9	3
	(ALIMMEDIATE CAU	SE) WERKS
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas	9. DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which coused death.)				
ANTECEDENT CAUSES	Cianu	A CONSEQUENCE OF:	21265	1
	(B)	2313 - L/4/L/V	70 12 C 3	6 MONTHS
DISEASES OR CONDITIONS, if any, givin	ng DUE 10, OR AS	A CONSEQUENCE OF:		
rise to the obave cause (A) stating If UNDERLYING CONDITION last.				
ONDERENING CONDITION Idsi.	(C)			
_1581.1 II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA				
TO THE DEATH BUT NOT RELATED TO THE TERMINA IDISEASE OR CONDITION GIVEN IN PART 1 (A).				
	R WHICH OPERATION	20A. AUTOPSY? (Yes or		NGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		YRS	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 2	1B. PLACE OF INJURY (e.g., in	1) /// In Baltimary City	give exact least?
OR CONTRIBUTING CAUSE OF	iome, farm, foctory, street, af	fice bldg., INJURY OCCUR	? (It in Baltimare City,	, give exact lacation)
	etc.)			
21D. TIME (Manth) (Day) (Year) (Haur) 2	TE, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY	While At Not While			
	Work At Work			
22. I certify that (1) (this hospital) attended	the deceased from /	- 9	1968 to 1-2	25 1968,
		10 1 17		
that (1) (we) last saw the deceased alive ar	1 /- 23 - 68	19 6 X and	that in(my) (our)-apinian	death accurred an the date
and haur and fram the causes stated abave.	(I) (We) (did) (did-not) v	iew the bady after dea	th.	
23A. SIGN AT URE	(,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DATE SIGNED
	24 3 440	nding Med.	S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Man M, Brooks	- 19 D Phys	nding Med. Director	Staff Phys.	1-25-68
23C. PHYSICIAN'S	GEGREE	23D. ADDRESS		
NAME (Type)	MD	- 11	- 11	
MAJOR W. BRADSH	+ Aw Mall	JUHNSHO	DRKINS HOS	PITAL
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 240	D. LOCATION (City, tov	wn, or county) (Stote)
REMOVAL (Specify)	11 1.1.		0 "	- 1×
Burnt 1-31-68	Mr. Album	Cur 1	00010	may.
	E OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
1000 University	E. Jankey M.A.	Ch. N	· W, 6500 10	OCB my The Ame
		- wright	W1050-170	The state of the s
VS 150-REV. 1/1/68		V V		4



BIRT	H NO.	1130 CERTIFICA	ATE OF DEATH X REG. NO.	68-1130
1. N	AME OF DECEASED TO HOU	FOSLER	2. DATE AND HOUR OF DEA	
	L NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY MARY LAND	f institution: residence before admission)
IN ST	WAR . OR	MEMORIAL HOSPITAL BALTIMORES YES		NSIDE CITY LIMITS? YES NO NO
) N (7, 3,	8219 BELAIR ROA	40
5. \$1	M 6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 12-02-05 9. AGE (In years lost birthdoy) 62	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work during most of working life, even if retired) ELECTRICIAN	TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYL AND	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAME CHARLES F	POSLER	14. MOTHER'S MAIDEN NAME KATHERINE EI	MRICH
15. V (Yes,	Vos Deceased Ever in U. S. Armed For no or unknown) (If yes, give wor or dote	es of service) SECURITY NO.	7 Mrs.Elsie M. Fogler,82	ADDRESS
ERTIFICATION	WAS PERI	any, giving DUE TO, OR AS stating the (C)	NO IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
_	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Bolti ffice bldg., INJURY OCCUR?	more City, give exoct location)
MEDI	21D.TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not White At Work Not Work	21F. HOW DID INJURY OCCUR?	
	that (I) (we) last saw the decease	ted abave. (1) (We) (did) (did not)	view the body after death.	opinian death occurred an the date 23B. DATE SIGNED Servery 28, 1968
	23C. PHYSICIAN'S NAME (Type) MIGUEL S	CANCHEZ-PALACÍOS SANCHEZ PALSCIOUS	23D. ADDRESS UNION MEMOR	I'AL HOSPITAL
24A	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of CR	THE UNION MEMORIA	
	REMOVAL (Specify)	24C. NAME OF CEMETERS OF CE	24b. LOCATION	(City, town, or county) (State)

BALTIMORE CITY HEALTH DEPARTMENT

Allega To Allega

JAT LON MIRONAM

AN INSTANTANT AGINU

WALDINTORNE

CHARLES POSIER

no conservable

8219 BELAIR ROAD

12-02-06 62

EWAJYARN

KATHERINE EMRICH

Respiratory Insuriationly

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James Sa harmed for morney of

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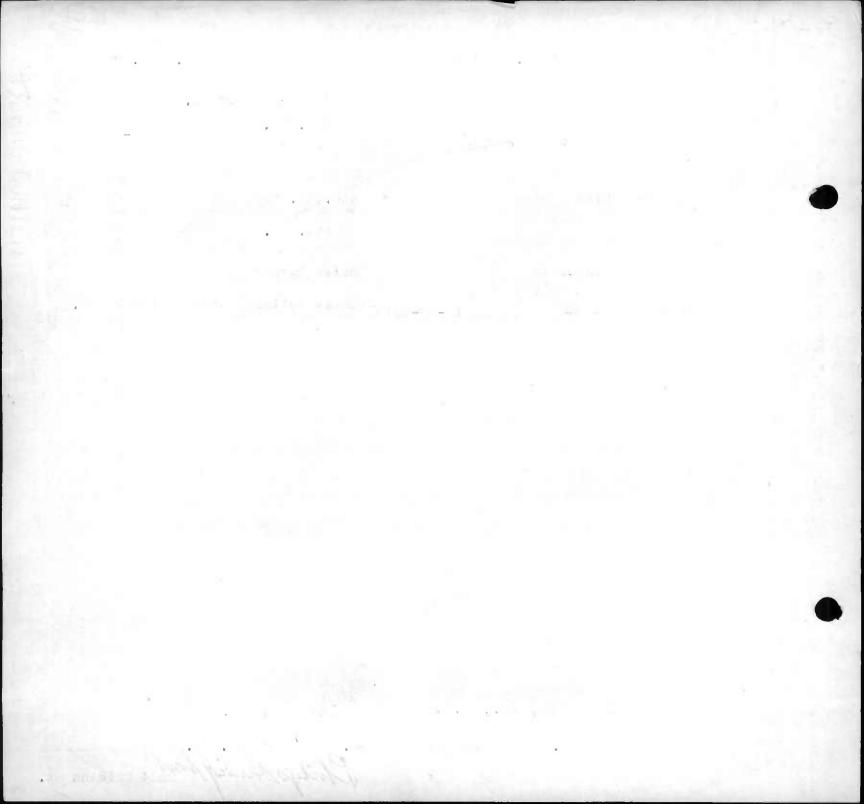
BALTIMORE CITY HEALTH DEPARTMENT

		68-	11	.31
REG.	NO.			

2024 Orleans St.

1. NAME OF DECEASED Lottie H. Bullock		2.	Jan.	26th.1968	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			2402 N	McElderry St.	institution; residence before odmiss
	NOITUTION	,	Balto.	d ,	VSIDE CITY LIMITS?
,	Johns Hopkins Ho	sp/	E. STREET AND N	IUMBER	
S. S	Female White WIDOWE		B. DATE OF BIRTH		If Under 1 Yr. II Under 24 Months Doys Hours Mi
	. USUAL OCCUPATION (Give kind of work 10B. KIND e during most of working life, even il retired)	OF BUSINESS OR INDUSTRY	Balto.		12. CITIZEN OF WHAT COUN
13.	FATHER'S NAME		14. MOTHER'S MA	AIDEN NAME	
15.	John Telakowitz Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Helen He	pner	ADDRESS
(Yes	s, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	Chaples B	illock 2402 Me	
-	1B. / 2 / 9	213-09-5313 CAUSE OF DEAT			APPROXIMATE INTERV
TION	UNDERLYING CONDITION Iost, 331 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA	3			
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, otc.)	in or obout 21 C. WHE ffice bldg., INJURY C	RE DID (If in Boltin	nore City, give exoct locotion)
MEDI	OF INJURY	TE. INJURY OCCURRED While At Not White		DID INJURY OCCUR?	
	(APPROX)	Vork L At Work			11/2/17
	22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive ar	the deceased from	19	19 <u>6.6</u> ta	
	and haur and fram the causes stated above.	(1) (We) (did) (dld nat)	view the bady afte	er death.	
	23A. SIGNATURE	// /) And	ending Med	. Staff	23B, DATE SIGNED
(23C. PHYSICIAN'S	(/) DEGREE Phy	23D. ADDRESS		1/2/1/80
	NAME (Type) Louis Vogel, Jr.	MD	2601 E	st Monument	
11	TOUTS AND OT .	DEGREE	Baltimo		7
24A	A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY or CR	EMATORY	24D. LOCATION	(City, town, or county) (Sto

VS 150-REV. 1/1/6B



deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

	68	- 1
BIRTH NO.		
(Type or Print) Carl	J.	Stau
3. PLACE IN BALTIMORI	E MARY	LAND,

Such

attendance on the

was in regular

death

who pronounced

was D.O.A. at a hospital (except where the physician

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	68-	1132
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Ellsworth Armacost -4600Liberty Hghts. Ave

BIRTH NO.	2. DATE AND HOUR OF DEATH	
Type or Print)		
Carl J. Staudenmayer 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	January 27, 1968 4. USUAL RESIDENCE (Where deceosed lived. If institution of the state of the s	tution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore	53-00
INSTITUTION GO	Baltimore G	ES NO X
D 1 1 Transaction 41 Thinks	E. STREET AND NUMBER	
Belvedere House in the Pines	18 Summerfield Road	If Under 1 Yr If Under 24 Hrs.
Male 6. RACE 7. MARRIED NEVER MARRIED	8-19-1896 71	Aanths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR'	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Mechanic - Glen L. Martin		USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles F.Staudenmayer	Weber	
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give wor at dates of service)	17. INFORMANT	ADDRESS
NO 214-01-3206	Freda Roig -4401 Roland Av	renue
CAUSE OF DEA	Inl JHROMBOSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 dexp
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	s a consequence of: ulsal alberoselessis.	<i></i>
rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	S A CONSEQUENCE OF:	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Rheumatord arthurte.	15 years
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	
	in a about 21C. WHERE DID affice bldg., INJURY OCCUR?	City, give exact lacation)
21D.TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED While At Not Work At Work		
22. I certify that (I) (this hospital) attended the deceased fram	Siplemby 1964 to James	7
that (1) (we) last sow the deceased alive on January 2	19 68 and that in (my) (was) opinion	an deprin occurred an the dot
and haur and from the couses stated above. (1) (We) (did not)	view the body ofter death.	
and haur and from the couses stated above. (1) (We) (did not)	view the body ofter death.	38, DATE SIGNED
and haur and from the couses stated above. (1) (We) (did not) 23A. SIGNATURE Solution 23C. PHYSICIAN'S NAME (Type)	tending Med. Staff 22 123D. ADDRESS 5967 Anym Oah On	3B. DATE SIGNED
and haur and from the couses stated above. (1) (We) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) DEGREE DEGREE DEGREE 24C. NAME of CEMETERY of CI	tending Med. Staff 22 123D. ADDRESS 15967 Anyma Clah Cu	3B. DATE SIGNED
and haur and from the couses stated above. (1) (We) (did not) 23A. SIGNATURE Laluman 23C. PHYSICIAN'S NAME (Type)	tending Med. Shaff 24D. ADDRESS 24D. LOCATION (City,	38. DATE SIGNED / -27 - 68 / 2/207 town, or county) (Stote)

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	68-	1133
MARIA	MURDILE	TTA

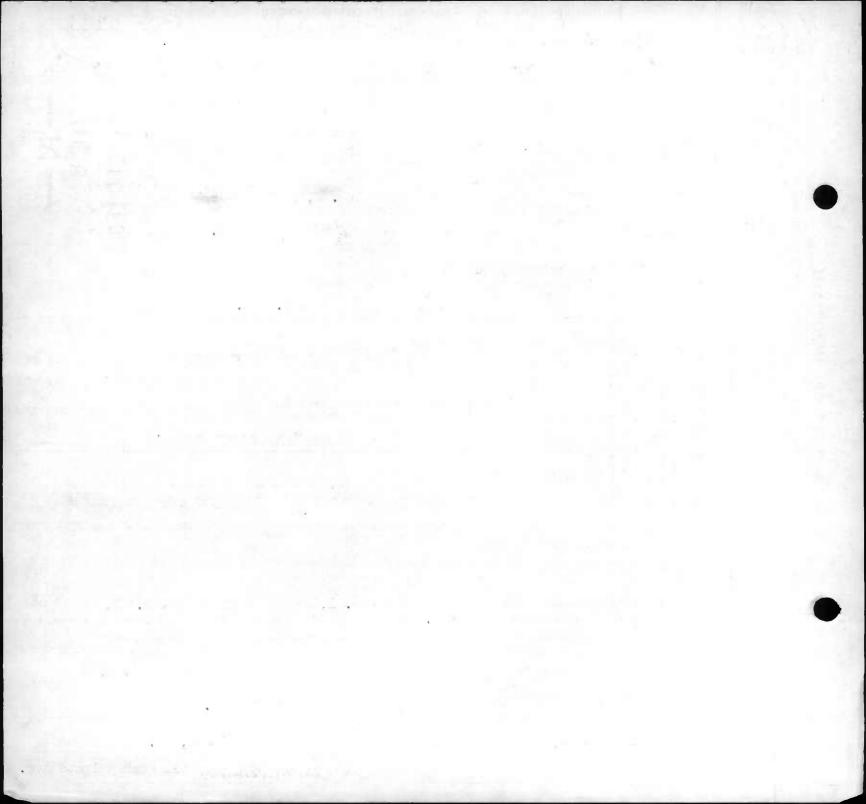
BALTIMORE CITY HEALTH DEPARTMENT

ERTIFICATE OF DEATH

REG. NO	68-	1133
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(Тур	AME OF DECEASED	3/-	No. Mark	Pfolotto		2. DATE AND 1	LAN DEATH	2/37/00
3. P	PLACE IN BALTIMORE, A			ffoletto INCED DEAD			eceosed lived. If	institution: residence before admission
HO	SINA HOSP	RESS OR LOCATIO	ON)	UTION, GIVE STREET	E. STREET AL		1	VES NO
5. \$	EX 6. RACE	7.	MARRIED	NEVER MARRIED	B. DATE OF B	FRTH 9. A	GE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
	F		WID OWED [Aug. 8	, 1891	76	
	USUAL OCCUPATION (e during most of working life, HOUSE WIFE			Home	1		Md.	12. CITIZEN OF WHAT COUNT
13. 1	FATHER'S NAME		\		14. MOTHER	S MAIDEN NAME		;
		name unkno	-			unkno	wn	/
5. Yes	Was Deceased Ever in U s,no or unknown) (If yes, g	. S. Armed Forces ive war or dotes o	s? of service)	SECURITY NO.	17. INFORMA			ADDRESS
	no			CAUSE OF DEA		Hosp. Rec.		
	DISEASES OR CON			(B) //	S A CONSEQUE			
FICATION	DISEASES OR CONDITION OF THE DEATH BUT NO DISEASE OR CONDITION OF THE DEATH OF THE DEATH OF THE DISEASE OR CONDITION OF THE DEATH OF THE DISEASE OR CONDITION OR CONDITION OF THE DISEASE OR CONDITION OR CONDITION OF THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION OR CONDITION OF THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION	cause (A) si TION last. II IDITIONS CONTITUTE TO THE INTEREST OF THE INTERES	RIBUTING TERMINAL (A).	(C)	S A CONSEQUE	NCE OF: ESTIVE HEID DPSY? (Yes or No) 2	OB. IF YES, WER	E FINDINGS CONSIDERED
CERTIFICATION	rise Id the above UNDERLYING CONDI	Cause (A) si TION last. II INDITIONS CONTI TRELATED TO THE IGIVEN IN PART 1 DN 19B. CONDIT WAS PERFOR	RIBUTING TERMINAL (A). TION FOR V	(C)	S A CONSEQUE	NCE OF: ESTIVE HEAD OPSY? (Yes or No) 2 NO	OB, IF YES, WER N CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATION	rise In the above UNDERLYING CONDI	Cause (A) si TION last. II NDITIONS CONTI IT RELATED TO THE I GIVEN IN PART) ON 19B. CONDII WAS PERFOR	RIBUTING TERMINAL (A). TION FOR V	(C) CHRON (C) CH	S A CONSEQUE	DPSY? (Yes or No) 2 NO WHERE DID	OB, IF YES, WER N CERTIFYING C	E FINDINGS CONSIDERED
ICAL	rise In the above UNDERLYING CONDI	Cause (A) si TION last. II NDITIONS CONTI IT RELATED TO THE IS GIVEN IN PART 1) ON 19B. CONDIT WAS PERFOR UNDERLYING CAUSE OF	RIBUTING TERMINAL (A). TON FOR V RMED 21B. hom etc.J	(C) CHRON (C) CH	20A. AUTO	DPSY? (Yes or No) 2 NO WHERE DID	OB. IF YES, WER N CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL	rise In the abave UNDERLYING CONDI	cause (A) si TION last. II NDITIONS CONTILIT RELATED TO THE LIGIVEN IN PART) ON 198. CONDITION WAS PERFOR JUNDERLYING CAUSE OF exominer) (Doy) Yeor) (this hospitol) contilities the contilities of	RIBUTING TERMINAL (A). 21B. hom etc.) Hour) 21E. Whi wortended the colive on	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, which is a like of the control of	20A. AUTO	DPSY? (Yes or No) 2 NO WHERE DID JRY OCCUR? HOW DID INJURY	OB. IF YES, WERN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL	rise In the abave UNDERLYING CONDI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cause (A) si TION last. II NDITIONS CONTITUTE RELATED TO THE ISOTY OF	RIBUTING TERMINAL (A). TON FOR V RMED 21B. hom etc.) Hour) 21E. Whi Wor	WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, which he deceosed from 1870 27) (We) (did) (did) (did)	20A. AUTO	DPSY? (Yes or No) 2 NO WHERE DID JRY OCCUR? HOW DID INJURY	OB. IF YES, WERN CERTIFYING C	Jan. 27, 19 68
MEDICAL	rise Ia the abave UNDERLYING CONDI 4 3 4 1 OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A-DATE OF OPERATION 21A. ACCIDENT WAS IN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAPPROX.) 21D. TIME (APPROX.) 22. I certify that (I) (I) (We) lost sow and hour and from the condition of the condition	Cause (A) si TION last. II NDITIONS CONTITUTE RELATED TO THE ISOTY OF	RIBUTING TERMINAL (A). TON FOR V RMED 21B. hom etc.) Hour) 21E. Whi Wor	WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, which he deceosed from 1870 27) (We) (did) (did) (did)	20A. AUTO	DPSY? (Yes or No) 2 NO DPSY? (Yes or No) 2 NO WHERE DID JRY OCCUR? HOW DID INJURY 19 / 3 and that if	OB. IF YES, WERN CERTIFYING C	Jan. 27, 19 68
MEDICAL	rise In the abave UNDERLYING CONDI TO THE SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A.DATE OF OPERATION 21A. ACCIDENT WAS IN OR CONTRIBUTING CONTRIBUTING CONDITION 21D.TIME (APPROX.) 22. I certify that (I) (I) (We) lost sow and hour and from the condition of the condition o	Cause (A) si TION last. II NDITIONS CONTILITERLATED TO THE ISOTOPHING CONDITION (A) PART (A) DN 19B. CONDITION (A) PART (A) DN 19B. CONDITION (A) PERCONDITION	RIBUTING TERMINAL (A). TON FOR V RMED 21B. hom etc.) Whi Woi ottended the obove. (I	WHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, which he deceosed from 1870 27) (We) (did) (did) (did)	20A. AUTO in or obout 21C. office bldg., INJU 21F. ille Jan. 19 68 view the body tending 23D. ADDRESS	DPSY? (Yes or No) 2 NO DPSY? (Yes or No) 2 NO WHERE DID JRY OCCUR? HOW DID INJURY 19 / 3 and that if	OB. IF YES, WERN CERTIFYING COCCUR? (If in Boltim	Jan. 27 19 68

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VS 151-REV. 1/1/6B

68- 1134 BALTIMORE CITY HEALTH DEPARTMENT

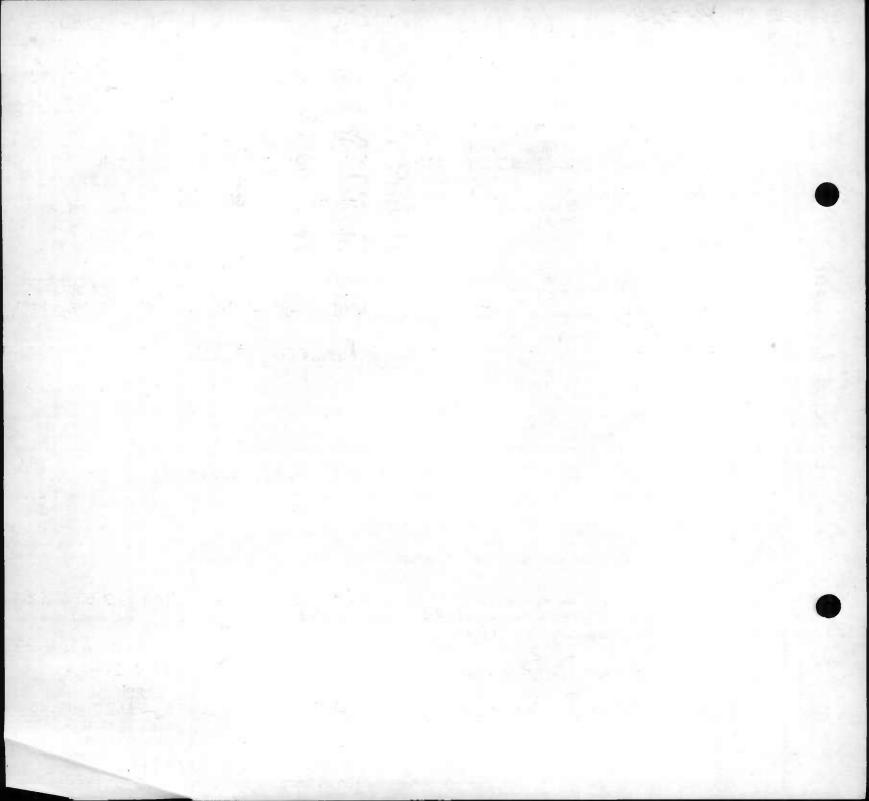
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	68-1134
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Year Hour
CLYDE CUPITT	OF DEATH Estimated 1 28	68 6:05 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 28.	1968 6:05 а м
00 1015 Aisquith St.	S. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY	residence before admission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE ON	Y LIMITS?
MARKIED INEVER MARKIED		
Male Colored WIDOWED DIVORCED 9. DATE/OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		NO D
Months, Days, Hours, Min.		
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1015 Aisquith St.	
WHAT COUNTRY?	John Cupill	
14A.USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTRI dane during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	
LABORER MUTMATIC ROLLS	KONY DAVI	5
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADI	DRESS
(Yes, na or unknown) (If yes, give wor ar dotes af service) SECURITY NO.	& CELESTINE KIRKLAND 151	17/104AST. Philad
19. CAUSE OF DEA		APPROXIMATE INTERVAL
4/0,7		BETWEEN ONSET AND DEATH
LEADING TO DEATH	lerotic Cardiovascular Disease	
(A)IMMEDIATE (AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)	AC A CONCOURNER OF	halo හැකි කිරීම කිරීම කිරීම සම්බන්ධ සහ සහ සා සා සා සා සා ස් කිරීම සහ සා සා ස් ස
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
LINDERLYING CONDITION LAST		
P 4 2 2 . 1 II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	***************************************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 2 /		yes
Z2A. EXTERNAL CAUSE WAS [228. PLACE OF INJURY(e.g.,	, in or about 22C. WHERE DID (If in Boltimore City, give exact	t location)
0	ce bldg., etc.) INJURY OCCUR?	
UTING LI CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INTURY	T WHILE	
(AFFROX.) m. WORK AT V	WORK L	
	utapsy X and that an this basis, death in my a	
resulted fram: Natural causes X Accident Suicident		
ACTUAL BA A TIME	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE CON & TO WE M.C		
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	00 5000
NAME (Type) Edward F. Wilson, M.D.		ary 28, 1968
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	ar caunty) (State)
Burnal 1/31/68 0HL/B.	Maliona 3501 Thede	uck hof
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DRESS

5/24/17 60 LABORER PHINTE PALLS TELLY JANGE while o - 14-45 200 05 2444 PREELTHER FIFTHER HIS 169 Francis 1/30/01 PRITO PITEND STEVE PROBLEMS

35-	53-	-23	IB
	70 -	5 0	ch d

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital an the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease IMPORTANT FUNERAL DIRECTOR:

2-356 BALTIMORE CITY	HEALTH DEPARTMENT
7 // 058- 1135 CERTIFICA	TE OF DEATH REG. NO. 68-1135
I. NAME OF DECEASED OT A DA WE REICKWYE'RS	2. DATE AND HOUR OF DEATH
Clara Deckmeye	1-26-68 3,15 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
BALTIMORE CITY HOSPITALS	Baltimore D. Inside City Limits?
2 / 4940 EASTERN AVENUE	E. STREET AND NUMBER
BALTIMORE, MARYLAND 21224	4940 EASTERN AVENUE- 21224
S. SEX 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years tost birthday) 11 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	7-16-83 84 AT 11. BIRTHPLA CE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Housewife	MARYLAND, Baltimore UUSA
Adam Wiener	Caroline Younger
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. C. Raymond Knipp 2523 Hamilton Ave.
(17 yes, no or unknown) (18 yes, give wor or dotes of service) SECURITY NO. 215 54 1584	RECORDS_BCH_4940 EASTERN AVENUE-21224
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	
heori foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
(B)	A CONSEQUENCE OF:
rise to the obave couse (A) stating the UNDERLYING CONDITION last. (C)	
002.1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	lized outeriosclerosis
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	
DEATH (notify medical examiner)	mee orga, mook occor.
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work At Work	
22. I certify that (I) (this haspital) attended the deceased fram	Oct. 3 19 62 to Jan 26 1968.
that (I) (we) last saw the deceased alive an 1-26	19 6 and that ir((my)) (aur) apinian death accurred on the date
and haur and fram the causes stated abave. (1) (We) ((did) (did nat) v	
23A. SIGNATURE	anding Med. Shaff
Ross , Rulegh DEGREE Phy	s. Director Phys. Phys. 2
NAME (Type)	23 D. ADDRESS 21224
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CR	BCH-4940 EASTERN AVENUE-BALTIMORE, MD [24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 1/27/68 Baltimore Cemeral 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	etery Baltimore Maryland 25C. FUNERAL DIRECTOR ADDRESS
JAN 29 1968 Robert E. Farkens	Henry Sander & Sons Inc.
The state of the s	Raltimore Maryland 21213



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH the Such d in a hospital and ing cause of death cause; (5) Deceased (Type or Print) 0 27 death. USUAL RESIDENCE (Where dec 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance A. STATE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 10 prior contributing occurred (4) Undetermined disposition is made regular 5. SEX 6. RACE 7. MARRIED PNEVER MARRIED deceased WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign co death done during most of working life, even if retired VIS. Into. School Rochester N.Y. Medical Was the 14. MOTHER'S MAIDEN NAME Frederic Martin Stiner Marie Elizab assistant death UO kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORM AN fina (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 1946 Yes TO WW#2 071 -18 -2083 Mrs Bertha any CAUSE OF DEATH 18. pronounced OF DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. Il means the disease, examiner regular injury or complication which coused death.) ANTECEDENT CAUSES who obtained before the remains are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoting the physician UNDERLYING CONDITION lost, medical Was ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL No physician DISEASE OR CONDITION GIVEN IN PART 1 (A) chief ERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) O WAS PERFORMED the 6 21B. PLACE OF INJURY (e.g., in or obout 27 C. WHERE DID home, form, foctory, street, office bldg., NJURY OCCUR? Ü 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where hospital DEATH (notify medical examiner any nature; MEDI 21 D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY 21E. INJURY OCCURRED (9) pup approved OF INJURY (except White At Nat White (APPROX.) At Work Work to the 196 22. I certify that (1) (this haspital) attended the deceased fram 6r and that in pe that (1) (we) last saw the deceased alive an accident of hospital death) and have and from the causes stated abave((1) TWe) (did) (did nat) view the bady after death. was released must 23A. SIGN AT URE Med. Attending 40 Phys. approval O 23C. PHYSICIAN'S 23D. ADDRESS certificate prior ŧ 24A. BURIAL CREMATION, 124B. 24C. NAME of CEMETERY OF CREMATORY deceased 0.0 REMOVAL (Specify) the body written shows: Burial /68 Baltimore National Cemetery 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR W ds VS 150-REV. 1/1/6B

	CQ_ 4400
REG. NO	68- 1136
DUR OF DEATH	
/	16:45P M.
eased lived. If ins	titution: residence before admission)
	14-01
D. INSIC	DE CITY LIMITS?
	YES NO NO
yethe A	
E (In years pirthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
53	
ountry)	12. CITIZEN OF WHAT COUNTRY?
	USA
•	002
eth Mane	
st Lafay	retteAPAVEnue
lton Sti	ner
20011 003	APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
ARDIAL INFARE	
TNEARE	Tich
10,000	
	V2 19 19 19
S. IF YES, WERE F	INDINGS CONSIDERED
(If in Boltimore	City, give exoct location)
OCCUR?	
Y 10 1/	27/6 196F.
(my) (que) anin	ian death accurred an the date
City Colly april	decili decolled dil lile dale
	23B. DATE SIGNED /
	1/27/01
Hos	pidal
NON (Cit	y, town, or county) (Stote)
Baltim	nore Maryland
& SONS	
RYLAND 2	
THATAN C	رندعد

Vis Ento Spice Jung 10 Latter M. J University Hips by Gary M LAPEN

7-400 68- 1137 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REC

68	1	1	3	200
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E	4	0	0
	/		

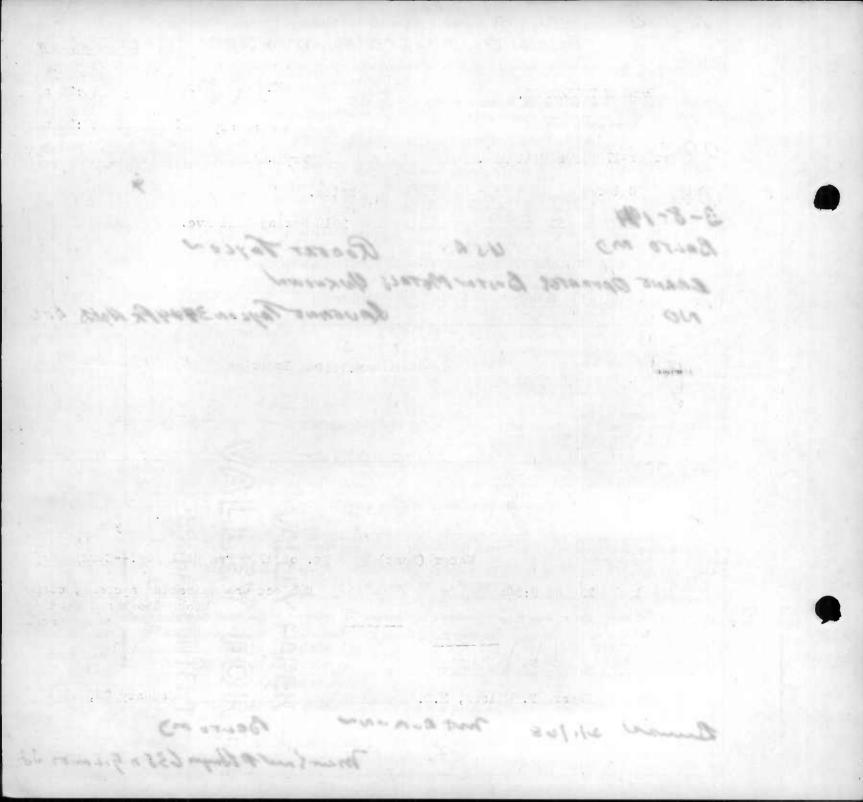
BIRTH NO.	INTER'S CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) NATHANIEL POWELL	EL OF DEATH Estimoted Janury 26, 1968 7:15 A
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE	BROOKIOUNICED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
813 North Mount Street	A. STATE B. COUNTY
6. SEX 7. RACE B. MARRIED NEVE	Maryland D. INSIDE CITY LIMITS?
MARKIED	K MARRIED
210000	DIVORCED Baltimore YES NO BUNDER
9. DATE OF BIRTH 10. AGE (In years Tunder 1 Yr. lost birthdoy) 0. Months Doys	Hours Min. 813 N MOUNT ST
11. BIRTHPLACE (State or foreign country) 12. CITIZEN	
CAMILLA GA WAYES	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINES	000,000
dane during most of working life, even if retired)	TORIS PARTY
	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SEC	URITY NO. 18. INFORMANT ADDRESS BEARL POWERL & SISNMOUNT ST
119.	ALICE OF DEATH
4/2,91	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	Arteriosclerotic Cardiovascular Disease
(This does not mean the made of dying, e.g.,	(A)IMMEDIATE CAUSE
heort foilure, osthenio, etc. It meons the diseose,	DUE TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES	(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST.	(C)
P 4221	
OF THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH GO	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	140.140194111111111111111111111111111111
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
	No
O INDERIVING TOP CONTRIB. home, form, fo	F INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ctory, street, office bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Year) (Hour) 22E.INJUI	
	N D C CUIDED
OF INTURY	
OF INJURY (APPROX.) m. WHILE AT	NOT WHILE AT WORK
(APPROX.) m. WHILE AI WORK	NOT WHILE AT WORK
(APPROX.) 23. I certify that I held on Inquiry Inspec	NOT WHILE AT WORK and that on this basis, death in my apinian
(APPROX.) 23. 1 certify that I held on Inquiry Inspec	NOT WHILE AT WORK and that on this basis, death in my apinian Suicide Hamloide Undetermined manner
(APPROX.) 1 certify that I held on Inquiry Inspec	NOT WHILE AT WORK and that on this basis, death in my apinian Suicide Hamloide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
(APPROX.) 23. 1 certify that I held on Inquiry Inspec	NOT WHILE AT WORK and that on this basis, death in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
(APPROX.) 23. I certify that I held on Inquiry Inspector, resulted fram: Natural causes Accident ACTUAL SIGNATURE	NOT WHILE AT WORK and that on this basis, death in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
Capprox.) WHILE ALL 23.	NOT WHILE AT WORK and that on this basis, death in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER
CAPPROX.) MHILE ALL WORK Inspect Accident Actual SIGNATURE EXAMINER'S Werner Werner Work SIGNATURE EXAMINER'S Werner Werner Work Wo	Autapsy and that on this basis, death in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. ASSOCIATE MEDICAL EXAMINER To CEMETERY or CREMATORY AUGUST AUG
(APPROX.) WHILE ALL 23.	Autapsy and that on this basis, death in my apinian Suicide Hamloide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. ASSOCIATE MEDICAL EXAMINER To CEMETERY or CREMATORY AUGUST AND ADDRESS ADDRESS

SIS W Mount St Commun Co 450 Henry Pomore Responen Confidencialis would Pence Pawers El SIBNAPORT SE Comin Nobis mor August Burromy numbered though 638 of grown It

1-460 58 - 1138 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED DATE Known Manth Dav Year Hour (Type or Print) OF EstimatedXIX ROBERT TAYLOR JR 10:20 ам. DEATH 68 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Hour Month Year PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) January 28 68 10:20 a OR INSTITUTION A. STATE B. COUNTY C. CITY OR TOWN Harbor-1700 Pen Hill Ave 6. SEX D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED WIDOWED YES 🔀 DIVORCED NO Male Colored E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths ; Days ; Hours ; Min. lost birthdoy) 2910 Spring Hill Ave. Sprinchil 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF MI ODERT 15. MOTHER'S MAIDEN NAME 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during mast of warking life, even if retired) UNKNOWN 16. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS SOCIAL SECURITY NO. (Yes, no or unknawn) (If yes, give war ar dates af service) UGNN APPROXIMATE INTERVAL CAUSE OF DEATH GHI BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Multiple Injuries (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) **ANTECEDENT CAUSES** (B)_______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO E836X CATE 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or Na) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in ar about hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-Ft. of 1700 Pen Hill Ave. -- Curtis Bay UTING CAUSE OF DEATH Water (Boat) (Hour) 22E.INJURY OCCURRED 22D. TIME (Manth) (Day) 22F. HOW DID INJURY OCCUR? (Year) OF INJURY NOT WHILE WHILE AT (APPROX.) , 68 9:30a WORK AT WORK Subject was operating a crane, crane broke loose and went into I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinian water Accident Hamicide resulted fram: Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE. M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) January 28, 1968 Edward F. Wilson, M.D. 24A, BURIAL CREMATION. 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) mot Rununa 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

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VS 151-REV. 1/1/68 N 8 6 9 6



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		Y HEALTH DEPARTMENT REG. NO. 68- 1140	
BIR	TH NO. 68 1140 CERTIFICA	ATE OF DEATH	
(Ту	BROOKS ELIZABETH		A. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmi	s sion)
H	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PENNSYLVANIA C. CITY OR TOWN D. INSIDE CITY LIMITS?	
_	THE JOHNS HOPKINS HOSPITAL,	YORK YES NO	
6	OIN. BROADWAY, BALTIMORE, MD-21200	E. STREET AND NUMBER 157 SPRINGDALE ROAD	
	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years of Months; Days Hours of Months; Days of Month	4 Hrs. Nin.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)		INTRY?
13	Housewife FATHER'S NAME	Mississippi USA	
1 30	JOHNSON, JAMES H.	SHAW, ONEY	
ıs.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS	
Ye	s, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO. 199 14 23	Strack, Strine & Jackson Funeral Home, Yo	rkPa
_	CAUSE OF DEAT	H APPROXIMATE INTER	
	LEADING TO DEATH	TUMOR (GLIOBLASTOMA). BETWEEN ONSET AND ABOUT 40	water
	(A) IMMEDIATE CAI (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
	injury ar camplication which caused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:	
	UNDERLYING CONDITION Iasi. (C)		
ATION	/ 9 3 , O II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19. A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
CERTIFIC	JAN. 24,1968- "BRAIN TUMOR-GLIOBLAST	OMA. NO.	
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, of the control of the c	in or about 21C. WHERE DID (If in Baltimare City, give exact location) ffice bldg., NJURY OCCUR?	
_	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
<	(APPROX.) While At Not Whi		
MED	22. I certify that (I) (this hospital) attended the deceosed fram.	1 8	8
	that (1) (we) last sow the deceased olive on JAN 27		e date
	and haur and fram the causes stated abave. (I) (We) (did) (did not)	view the body after death. 238, DATE SIGNED	
	C/Shushau: Att	ending Med. Staff W	
	23C. PHISICIANS / III / L. ICII A A	23D. ADDRESS THE JOHNS HOPKINS HOSPITAL,	
	MIBORD, S. J. L. M.C. C. DEGREE	BAITIMADE MARULAND 21905.	
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION (City, town, or county) (St	late)
	Burial 1/29/68. Prospect Hill Cer		1
25.	JAN 29 1968 Tolero E. Talley, MA	Leonard J. Ruck, Inc. Balto. Md. 21214	
	150-REV. 1/1/6B		

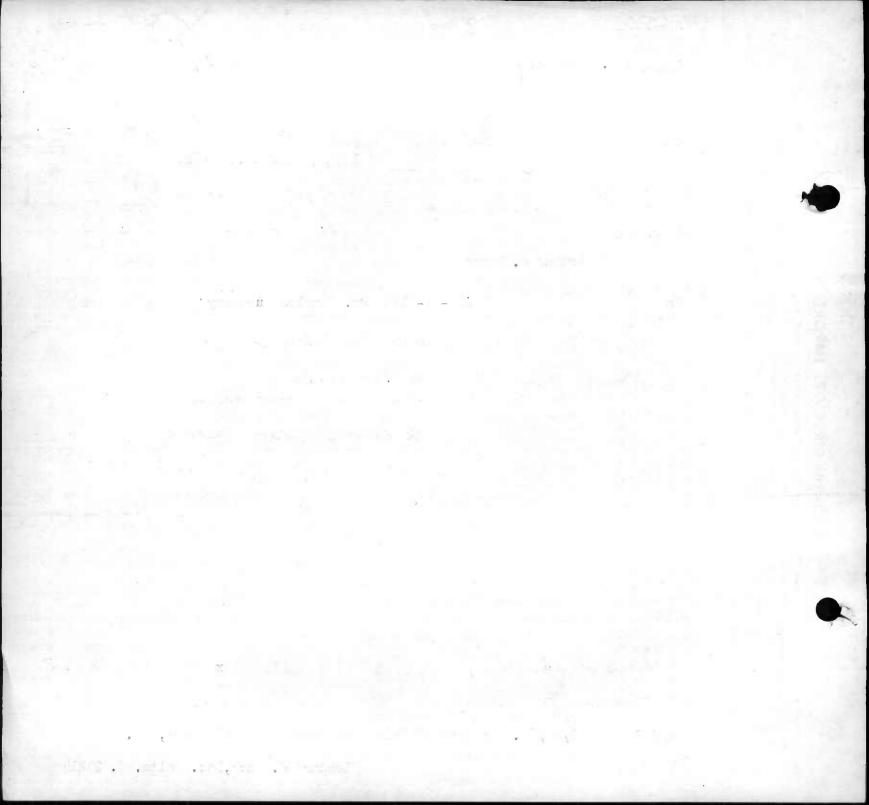
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Take A Lotte . per page 1.1 James .

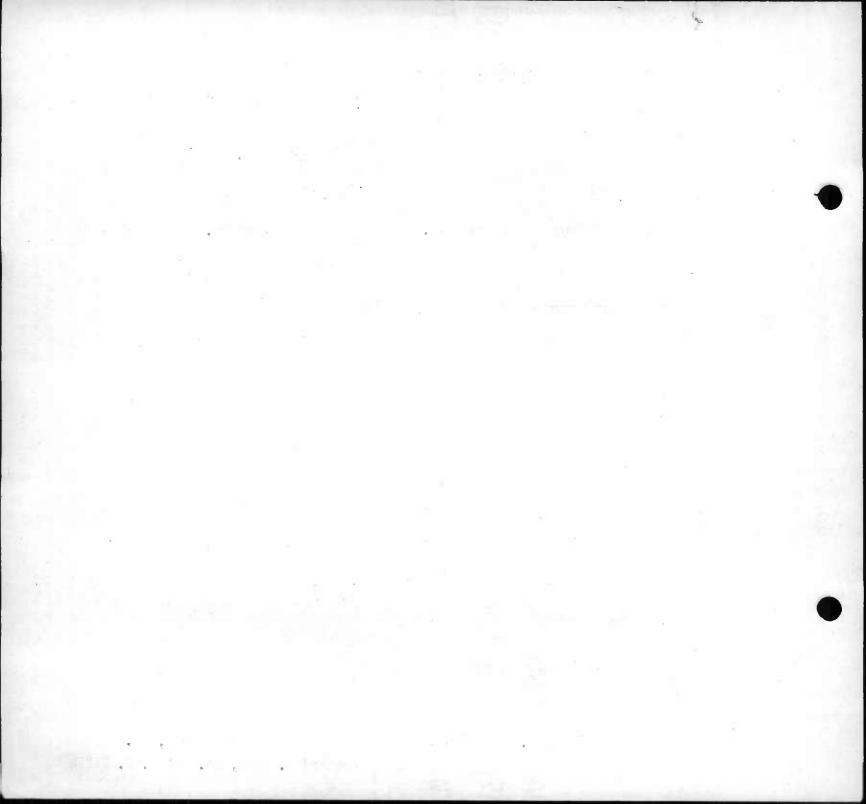
1	-160	68-1141				
/		OO TTAT	CERTIFICA	TE OF DEATH	REG. NO.	00- 1141
	TH NO.				D HOUR OF DEATH	
	pe or Print) P + ter	Dearo	e (1/	26/196	8 11 42
3. 1	PLACE IN BALTIMORE, MARYLAN			4. USUAL RESIDENCE (Whe	re decepsed lived. If in	stitution: residence before odmissio
				Md. STATE	1	2 55
HO	SPITAL OR ADDRESS OR	OSPITAL OR INSTITUTIOI LOCATION)	ON, GIVE STREET	C. CITY_OR TOWN	D ANISH	DE CITY LIMITS?
INS	STITUTION	- /	7	8 //-	0.(1143)	YES NO T
6,	Union Mer	margal/	1.10.	E. STREET AND NUMBER	•	1E3 NO
•	Tollion & TEU	10/14	3/	280211	11	1 < 1
5. \$	EX 6. RACE	7. 44 A DDUED [] A	NEWED ANADDIED .	8. DATE OF BIRTH /	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
	MA		NEVER MARRIED	ulia lau	lost birthdoy)	Months Doys Hours Min.
101	SUSUAL OCCUPATION (Give kind o	WIDOWED A	DIVORCED _	4/10/94	1/3	12, CITIZEN OF WHAT COUNTE
	during most of working life, even if reti	lired)				12. CHIZEN OF WHAT COUNTS
	Retired	Steel (0.	Penna		USA
3.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME T .	a Candnan
	· Alvir	n Henry Pig	ter	(BEKEROXX	e yardner X XXXXX
5. 1	Was Deceased Ever in U. S. Arme	d Forces? 116.	SOCIAL	17. INFORMANT		ADDRESS
Yes	(II yes, give wor of	r dotes of service)	SECURITY NO.		. 11	/C
	Na	78	88-14-3670	Helen M. L	indley	(Same)
	18.430.9		CAUSE OF DEATI	H / //	,	BETWEEN ONSET AND DEA
	DISEASE OF CONDITION		Suban	hood dem	or hage	11/
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MEDICAL CERTIFIC	tise to the above cause (A) stoling the UNDERLYING CONDITION last. (C) RH H / 6 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D-TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I) (We) (did) (did na 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) TO MAS P. SM i H.	g, in or obout 21C. WHE, office bidg., INJURY Conk 21F. HOV While 21F. HOV Attending Med Phys. 23D. ADDRESS SIREE CREMATORY	(Yes or No) 208. IF YES (Yes or No) 208. IF YES IN CERTIFY OCCUR? (If In and that in (my) (and that in (my) (ber death. Abspira 240. LOCATION	s, WERE FINDINGS CONSIDERED TING CAUSES OF DEATH? In Baltimare City, give exact location) 19 238, DATE SIGNED 28/68	

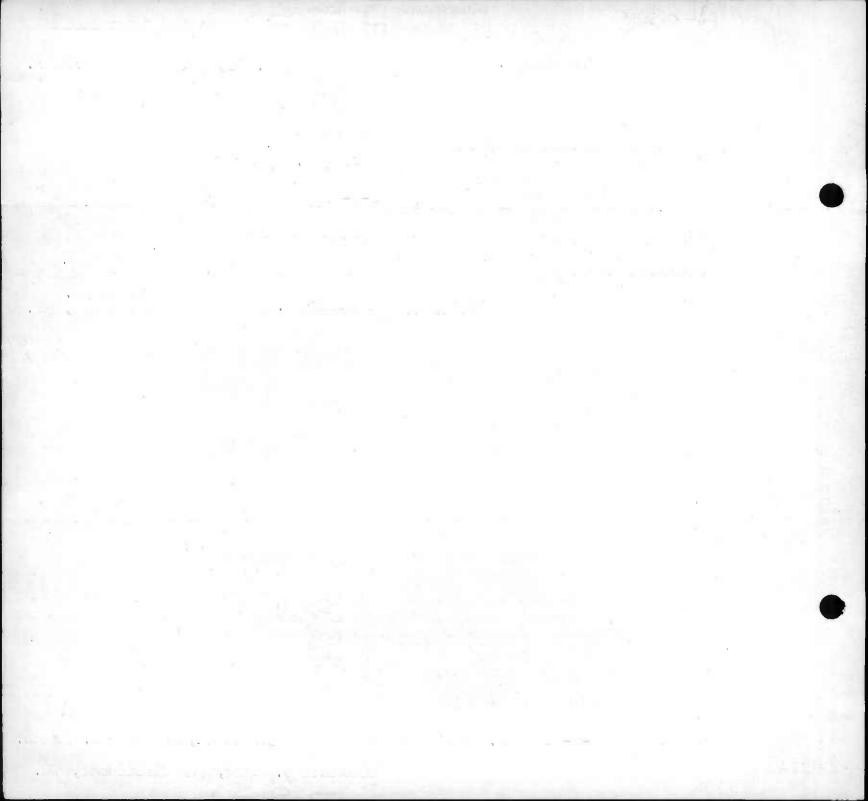


M-625 BALTIMORE CITY HEALTH DEPARTMENT 68-1143
68-1143 CERTIFICATE OF DEATH
SIRTH NO. 1. NAME OF DECEASED (Type or Print) Chard J. Morgen weck, Jr. 2. DAIRE AND YOUR OF DEATH 12768 935/PM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE RONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. CONTO
HULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION THE VIEW OR THE PROPERTY OF THE P
E. STREET AND NUMBER
15918 1Coyal Can Ave
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years lost birthday) 7. Months Days Hours Min. Min.
to A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Employee Telephone Co.
icocolympia Employee Telephone Co. icococcus accorde Md. (->-/).
Richard G. Morsonwak Mary Nordhouse
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
Yes besides the wor of dates of service) SECURITY NO.
18. 62 / APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Metestatic (common of huy
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death.)
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the
UNDERLYING CONDITION last. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL ▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYIND 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR?
DEATH (natify medical examina)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
Work At Work
22. I certify that (I) (this haspital) attended the deceased from 12 28 10 19 to 19 that (I) (we) last sow the deceased alive on 12768 19 and that in (my) (our) apinion death occurred on the date
that (1) (we) ast sow the deceased alive on 19 ond that in (my) (our) apinion death accurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death.
23A, SIGNATURE 23B, DATE SIGNED
Attending Med. Staff 12.768
(28 C. PATSIOLAN'S (23D. ADDRESS)
JEFFED TIEL DEGREE CON NOT COUNTY) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)
25A DATE BECON BY HEALTH DEPT 25R NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS
JAN 29 1968 Robert E. Jankerta Jeonard J. Ruck, Inc. Balto. Md. 21214
VS 150-REV. 1/1/6B



		FUNERAL DIRECTOR: IMPORTANT	AL DIR	ECTO	R: _	MPO	RTAN	<u> </u>		
This certificate must be approved by the chief medical examiner or his assistant if death occu	approved by	the chief r	nedical	exami	ner or	his a	ssistan	+ if d	eath	0000
the body was released to the hospital by a medical examiner. Also, if the direct or contrib	o the hospita	il by a m	edical e	xamin	er. A	Iso, if	the d	irect	or co	ntril
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermir	any nature;	(2) Body	ourns; (3) A fra	cture	of any	/ kind;	(4) U	ndete	rmir
was D.O.A. at a hospital (except where the physician who pronounced death was in regul	(except who	ere the pl	nysician	who	prono	unced	deatl	E WO	s in	regul
deceased prior to death); and (6) No physician was in regular attendance on the deceased); and (6) No	physicial	n was ii	n regu	lar at	tendo	ince or	the r	dece	ased
مهموري مراوات مراها استراها مالمساء جميد ممانيسي يالمينيكيا اليمانيكيا مالميني المرديد	a a handard by	A TOTAL		-	halm	and has	Limmin	ir mar	4100	

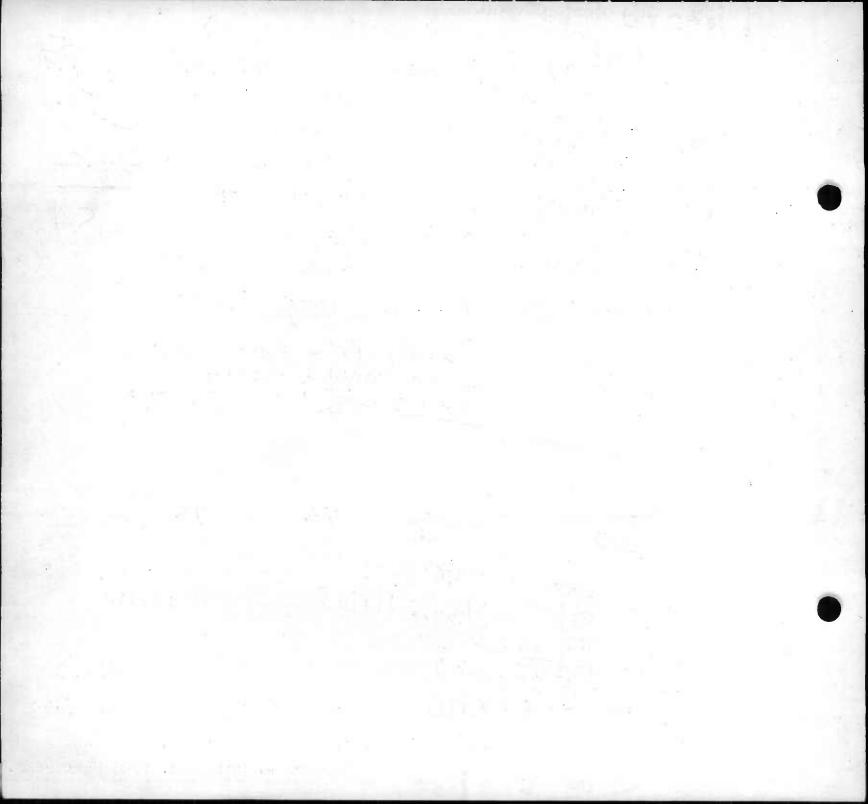
1	G-620 BALTIMORE CITY HEALTH DEPARTMENT REGING. 68-1144
5645	BIRTH NO. 68-1144 CERTIFICATE OF DEATH REG. NO. 68-1144
of deatl Decease e on the	1. NAME OF DECEASED (Type or Print) Loretta (. Gross 28, 1968 1:20 P.M.
<u> </u>	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissian) A. STATE B. COUNTY
da da	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OLORADO C. CITY OR TOWN D. INSIDE CITY LIMITS?
d in caus atte	44 Union Memorial Hospital E. STREET AND NUMBER 6604 W. 67th Avenue
- 2 0 D	5. SEX 6. RACE 7. MADDIED NEVED MADDIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
ntrik rmin egul ased s ma	female white WIDOWED DIVORCED 8-8-1897 lost birthday 70 Manths Doys Hours Min.
T C C	IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or or Jnd is it it	Housewife Pennsylvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
direct or l; (4) Unde th was ir on the de dispositio	
	Theobald Wackley 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
the d the d kind; deatl nce or final c	Theobald Wackley 15. Wos Decessed Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor or dates of service) no Mary Sharp 17. INFORMANT 2016 Swansee Rd. William A. Gross Baltimore. Md.
is ass any any ced ndan or fi	18. 2 5 0 9 1 CAUSE OF DEATH BETWEEN ONSET AND DEATH
a character of a char	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
ono alm	(A) IMMEDIATE CAUSE UNGELLULY ANGULUTY OF THE CAUSE OF TH
ner act pr pr mba	injury or camplication which caused death.)
ami Marini ho ho e e e	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
exc exc (3) / in w	rise to the above couse (A) stating the UNDERLYING CONDITION last. (C) Dealerts Semi-al Gras
edical dical rrns; rsicio was mair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ef med dy bu phy cian he re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Bod Bod the ysic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ital by a e; (2) Bo vhere the No physi	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout NJURY OCCUR? etc.) 21B. PLACE OF INJURY (e.g., in or obout NJURY OCCUR? etc.)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Al
he hosp he hosp y natur except w and (6)	(APPROX.) Work At Work
0 - c o o	22. I certify that (1) (this haspital) attended the deceased fram Sec 75 1967 to 100 78 1968, that (1) (we) last saw the deceased glive an 1819 68 and that in (my) (aur) animan death accurred on the date
of of of per	that (1) (we) last saw the deceased alive an
st be ased dent ospit deat	23A. SIGNATURE 23B. DATE SIGNED
elec ccid ccid a ho to c	Frankling & Les Cig DEGREE Phys. Med. Shaff 1/29/68
ate as r at at rior	23C. PHISICIAN'S NAME (Type) Franklin E. Les III 3028330 ADDRESS
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
body wws. (1) Aws. (1) A. D.O.A. eased priten app	Burial 2-1-68 St. Ann's Cemetery Freeland, Luzerne Co. Penna.
This certif the body shows: (1) was D.O./ deceased written a	1431 0 0 4000
F - 0 3 0 3	VS 150-REV. 1/1/68 4eonard J. Ruck, Inc Baltimore, Md.



IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 1145 REG. NO. CERTIFICATE OF DEATH Such and cause; (5) Deceased of death I NAME OF DECEASED 2. DATE AND HOUR (Type or Print) on a hospital death. 4. USUAL RESIDENCE (VT) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD If institution; residence before odmission) B. COUNT attendance cause **FULL NAME OF** (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION **OPTOWN** INSIDE CITY LIMITS C. CITY D 0 YES NO prior E. STREET AND NUMB contributing etermined made. regular 9. AGE (In Peors B. DATE OF tf Under 24 Hrs. Hours Min. 5. SEX BIRTH If Under 1 Yr. MARRIED NEVER MARRIED Months Doys Hours deceased WIDOWED DIVORCED 10 12. CITIZEN OF WHAT OUNTRY? 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BATHPLACE (Stote or foreign country done during most of working life, even if retired death disposition Cnd 0 Torruge SID 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM the 4 eath O ind; 15. Was Deceased Ever in U. S. Armed Forces' (Yes, no or inknown) lift yes, give wor or dates o 17. INFORMANT ADDRESS 6. SOCIAL wor or dotes of service) SECURITY NO. or final attendance -045 Yes T any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH B DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., TO, OR AS A CO heart failure, asthenia, etc. It means the disease, regular miner. injury or camplication which caused deoth.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving DUE-TO, OR AS A CONSEQUENCE OF O to the above cause (A) (3) stating the = UNDERLYING CONDITION lost. physician the remains edical Mas ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ICATIO physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Ε 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the 0 WAS PERFORMED CERTIF before 218. PLACE OF INJURY (e.g., in or obout A.C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If in Saltimore City, give exact location) 3 where hospital ŝ MEDICAL DEATH (notify medical sominer) etc. nature; by obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except While A Not While (APPROX.) At Work and Work the any 22. I certify that (1) (this haspital))attended the 19 deceos 9 ((we) last sow the deceased alive on ond that in(my) (our) opinian death occurred on the date be eath) of hospital hour and from the courses stoted obove. (1) (e) (did) (did not) view the body ofter deoth. must was released accident 3A. FIGN 23 B. D ATE SIGN T Attending Med. 0 Phys. Director L approval DEGREE ō 23D. ADDRESS prior ţ 4 DEGRE 24A. BURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY (City, eceased 0.0 REMOVAL (Specify) written shows: Burial /68 Parkwood Cemetery, Balt 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Baltimore Co., Maryland TE REC'D SY HEALTH DEPT. SD Leonard J. Ruck Inc. 5305 HarfordRd. 3 TO VS 150-REV, 1/1/68

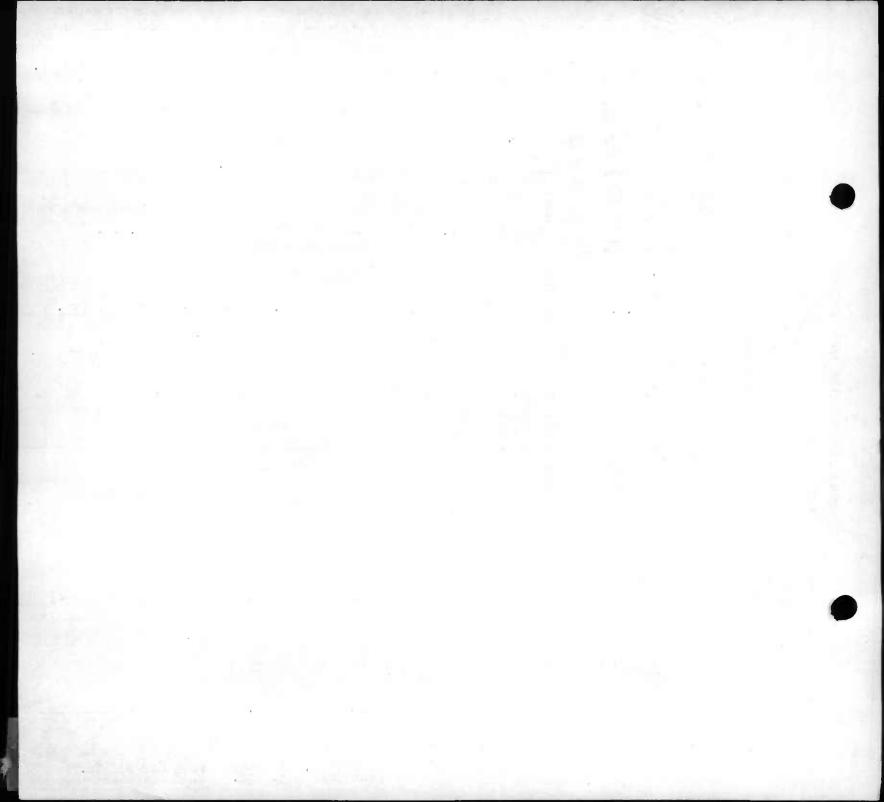
occurred assistant the chief medical examiner



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	7-176		BALTIMORE CITY	HEALTH DEPART	MENT	00 1110
1	68	- 114	6 CERTIFICA	TE OF DE	ATH REG. NO.	68-1146
	TH NO.		CERTITION		DATE AND HOUR OF DEA	¥1.1
	ne or Print)	DAWTO		2.	1/25/68	1 17.45 %
2	VICTOR IRVIN		UNICED DEAD	4 USUAL RESIDE	-1 -21	f institution: residence before odmission)
FU	LL NAME OF (IF NOT IN HOSPIT	AL OR INSTITI	UTION, GIVE STREET	A. STATE Maryland	B. COUNTY	27.07
	OSPITAL OR ADDRESS OR LOCA	ATION)		C. CITY OR TOWN		NSIDE CITY LIMITS?
	2908 Fleetwood	d Ave		Baltimon	re	YES 🔣 NO 🗌
	0 0 2,08 11660,000	d mve.		E. STREET AND N	IUMBER	
				2908 Fle	eetwood Ave.	
5, 9	6. RACE	7- MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
A	Male White	WIDOWED	DIVORCED	11/11/18	49	3073
	USUAL OCCUPATION (Give kind of wor	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tote or foreign country)	12. CITIZEN OF WHAT COUNTRY
don	e during most of working life, even if retired)	Vetera	ns Adm.	Pennsylv	vania	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MA	AIDEN NAME	
	Elmer R. Davis			Ella Sto	ner	
15.	Was Deceased Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	V1101	ADDRESS
	s,no or unknown) (If yes, give wor or dote	es of service)	SECURITY NO.			
]	les W.W. II		162-12-6537		ne S. Davis 29	08 Fleetwood Ave.
	18. 412 9		CAUSE OF DEATI		(0 .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DE	RECTLY	Caro	xans He	art Disease	2
	LEADING TO DEATH (This does not mean the made of	dvina o.a	(A) IMMEDIATE CAU			9 1910.
	heort foilure, asthenia, etc. It means	the disease,	DOE TO, OK AS	A CONSEQUENCE OF		^
ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES				() i see		
(B)				Great G		
	DISEASES OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE	OF:	
	rise to the above cause (A)	slaling lhe	(c)			
			(0)			
NO	0 THER SIGNIFICANT CONDITIONS CO	NTRIBUTING				
E	TO THE DEATH BUT NOT RELATED TO 1	HE TERMINAL				
ICA	19A. DATE OF OPERATION 19B. COM	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED
ERTIFIC,	WAS PERFORMED				IN CERTIFYING	CAUSES OF DEATH?
AL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B horr etc.	PLACE OF INJURY (e.g., i ne, form, foctory, street, of	n or obout 21 C. WHE fice bldg., INJURY O	RE DID (If in Bolti	more City, give exact location)
DIC		(14)	INTERNACE CONTRACTOR	215 110	/ DID MINEY COLUMN	
MED	OF INJURY (Month) (Doy) (Yeor)		. INJURY OCCURRED		V DID INJURY OCCUR?	
<	(APPROX.)	Wo				,
	22. I certify that (I) (this haspita	i) ottended t	he deceased from	10/16	19 6 7 to	1/25 1968
	that (I) (we) lost sow the decease		10/11		and that in(my) (aur)	opinion death occurred on the dot
			•			The deliver of the deliver
	and hour and from the couses stoted above. (1) (We) (did) (did nat) v			iew rne body afte	er deoin.	23B, DATE SIGNED
	11 . 11	200	O.4. Atte	nding X Med.	. Staff	
	Walken 7	rens	GE GREE PHY	. ED Direc		1/26/68
	23C. PHYSICIAN'S NAME (Type)		/	23D. ADDRESS		
	Nathan Janney		GE GREE	7101 Har	ford Rd.	
24/	REMOVAL (Specify) 248. DATE	24C. N.	AME of CEMETERY OF CRE		24D. LOCATION	(City, town, or county) (Stote)
	Burial 1/29/	68 Mar	reland Memoria	l Park	Baltimore, M	aryland
25/	A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	2SC. FUNERAL		ADDRESS
	JAN 29 1968 R.C.		alley MA		871	09 Harford Rd.
VS.	150-REV. 1/1/68	-		runeral	none, mic.	



DIRECTOR: FUNERAL

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

Burial

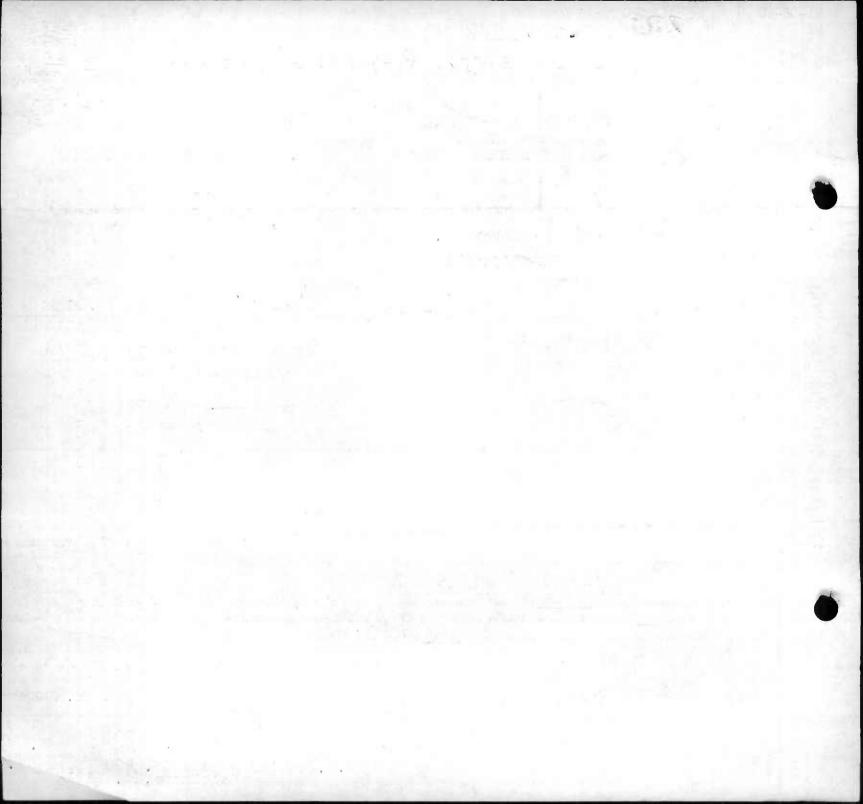
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written

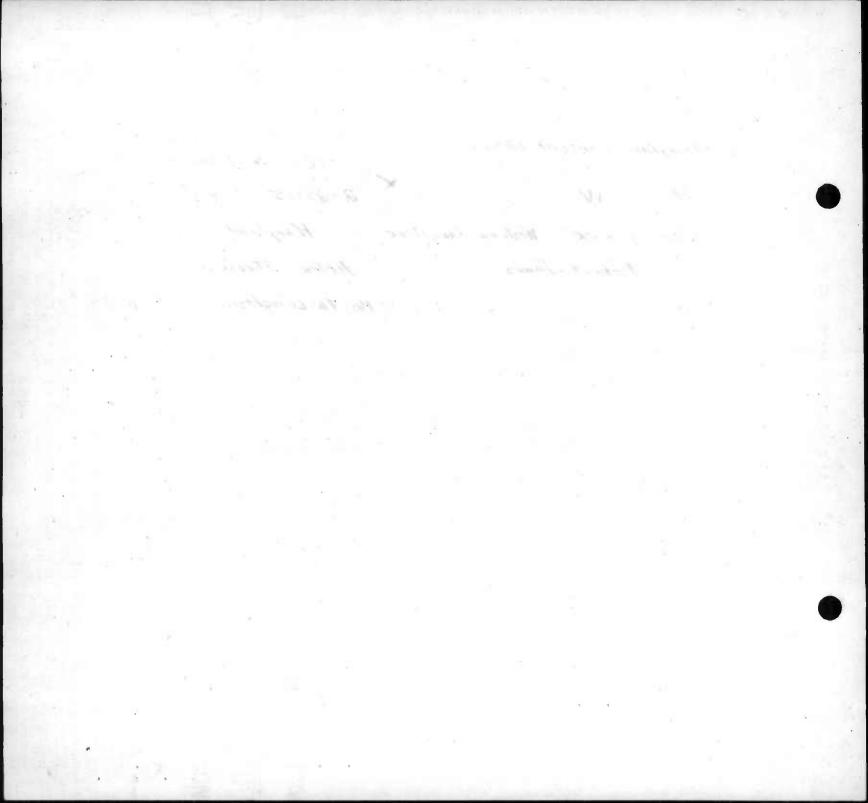
Was

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BETWEEN ONSET AND DEATH and that In(my) (aur) apinion death accurred on the date 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Gardens of Faith Baltimore Md. 4905 York Rd 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. Jenkins Sons Co.



7-460 BALTIMORE CITY HEALTH DEPARTMENT 68- 1148						
62 11/18 CERTIFICATE OF DEATH						
Type or Print	2. DATE AND HOUR OF DEATH					
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)					
	A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
INSTITUTION	Battimore YES NO					
8 Maryland Gereral Hospital	E. STREET AND NUMBER					
V	00/ /					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. Hours Min. 7. AGE (In yeors Months) 9. AGE (In yeors Months) 9. AGE (In yeors Months) 1. Months Doys Hours Min.					
WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST						
done during most of working life, even if retired)						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Robert James TAYLOR	Helen StiersoN					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT . ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 2 14-01-533	THES. F.W. WRIGHTSON 110 W. 39 th 54.					
18. 2 CAUSE OF DEA	ATH APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY PULME	NAM EDOMA BETWEEN ONSET AND DEATH					
LEADING TO DEATH	AUSE					
	S A CONSEQUENCE OF:					
injury or complication which coused death.)	injury or complication which coused death.)					
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:						
rise to the obove couse (A) stoting the						
UNDERLYING CONDITION lost. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
THE STATE OF THE S	19 78					
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR? (If in Boltimore City, give exect location)					
	21F. HOW DID INJURY OCCUR?					
S OF INJURY						
(APPROX) Work L At Wo	rk 📙					
22. I certify that (I) (this hospital) attended the deceased fram	//20 19 68 to 1/27 19 68.					
that (1) (%) last saw the deceased alive an // 17	19 6 and that in (my) (principle of a coursed and the date					
and haur and from the causes stated abave. (1) (4) (4) (4)) view the bady after death. 238, DATE SIGNED					
All at 1 - A	attending Med. Staff					
23C. PHYSICIAN'S	23D. ADDRESS					
NAME (Type) C. S. DeFelice	Maryland General Hospital					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	tt -					
Cremation 1/30/68 Greenmount	Rolt imone Ma					
Cremation 1/30/68 Greenmount 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Baltimore Md. 25C. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. 4905 York Rd					
JAN 29 1968 Robert E. Jankeyna	H. W. Jenkins & Sons Co. 4905 York Rd Balto 12. Md.					
	ary we also V. V. B. also Sim. B. C. O. V. B.					

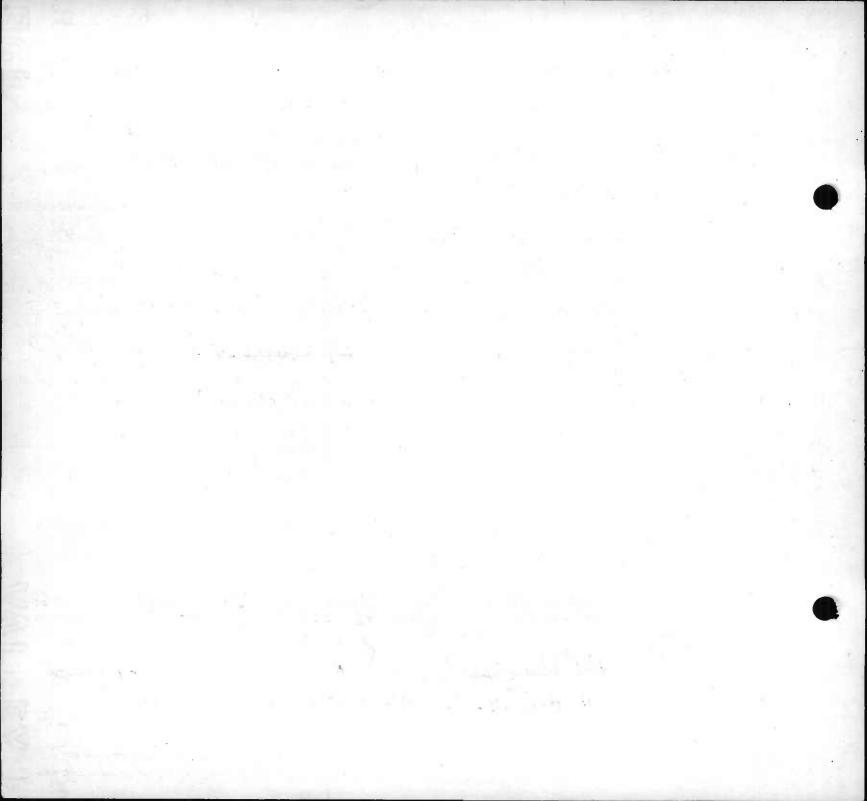


	68- 1149 BALTIMORE CITY HEALTH DEPARTMENT 68- 1149
	BIRTH NO.
	1. NAME OF DECEASED 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE MARYLAND, WHITE PRONCINCED DEAD 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A. STATE B. COUNTY A. STATE D. INSIDE CITYOR TOWN D. INSIDE CITYORITIS?
0	0508 AMMA De L AUP 21225 ESTREET AND NUMBER 508 AMM A DE L AUP
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. 11 Under 24 Hrs. Months Days Hours Min. Min
	10A. OSUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT, COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
L	OLIVER A HORRSON OLIVA) 15, Was Deceased Eyer in U. S. Armed Forces? 116, SOCIAL 17, INFORMANT ADDRESS ADDRESS
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. MAY THERE SOM (SAME)
;	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANIMATORITATION SET AND DEATH ANIMATORITATION SET AND DEATH ANIMATORITATION SET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES
0	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) staling the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: (C)
5	422, / II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
-	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 10B. CETTIFYING CAUSES OF DEATH?
5	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CORROLL (If in Boltimore City, give exact location) A DEATH (notify medical examiner) [1] DEATH (notify medical examiner) [2] DEATH (notify medical examiner)
3	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?
ב ב ב	22. I certify that (I) (this hospital) attended the deceased fram 1956.19 to 3 cm 28 1968 that (I) (we) lost saw the deceased alive on 1 = 27 1968 and that in(my) (aur) aplaton death accurred on the date
2	ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Shoff
ממממ	23C/H/SICIANS NAME (Type) ADUBR MOOR BS MP, 3105 Belain Hel 21213
	BURIAL CREMATION, 24B. DATE Wep 24C. NAME of CEMETERY of CREMATORY BURIAL CREMATION, 24B. DATE Wep 24C. NAME of CEMETERY of CREMATORY COUNTY - Mg. CLIPTIC F FVANCE CLIPTIC F FVANCE CLIPTIC F FVANCE
	JAN 29 1968 Plant & Fally School & Jan 29 1968 Plant & Fally &

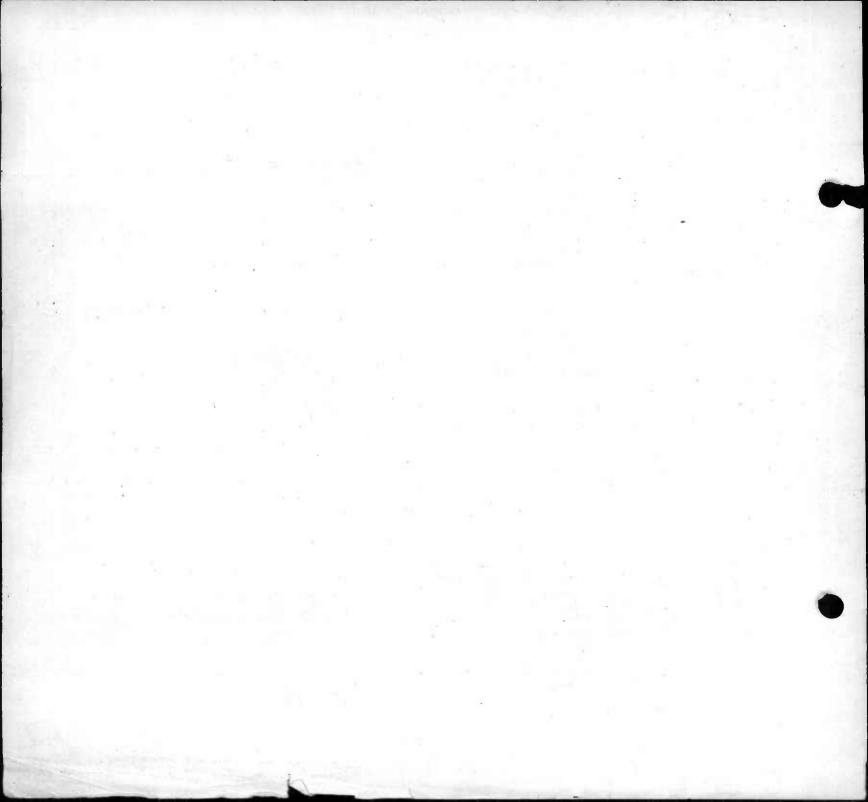
VS 150-REV. 1/1/6B

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4	1)-355	BALTIMORE CITY	HEALTH DEPARTMENT	CO	- 1150
V		150 CERTIFICA	TE OF DEATH	REG. NO.	- 1150
	TH NO.	TOO CEKILICA			
	DE OF DECEASED		2. DATE AND	HOUR OF DEATH	. ~ .
-	MANCES E.	WILLAN	4. USUAL RESIDENCE (Where	1ARY 27196	18 & A M.
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	A. STATE B. COUNT	Y	residence before damissigni
FUI	LL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARVIAN	d	20-00
HO	OSPITAL OR ADDRESS OR LOCATION) STITUTION		C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
1			BALTIMOR	E YES Z	NO 🗌
10	2694 St. BENELI	it of 1	E. STREET AND NUMBER		
۱ ۹	2074 5112112	01 01.	26 94 ST i	BENEDICT ST.	
5. S	SEX 6. RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH 9		er ! Yr. If Under 24 Hrs. Doys Hours Min.
7=	EMALE WhITE WIDON		Dat 11 1000	ost birthdoy) Months	Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN)		11. BIRTHPLACE (State or foreign	in country) 12. CIT	IZEN OF WHAT COUNTRY?
	e during most of working life, even if retired)		-D	1	101
5	SteriLizer H	OSPITAL	TOLAN	d 6	1.5.A.
13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	3 Scot		Wall-	0 4 2	
15. \	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	000	ADDRESS
(Yes	s,no or unknown) (If yes, give wor or dotes of serv	security NO.	X 1		1 1 1
	NO NONE	174-10-5623	DONN WITTMA	N 2694 ST.	Benedict ST.
	18. 4/2.0	CAUSE OF DEAT	Н		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		1	0,10	(((,))
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE HYRINANSON	GV Doces	13 400
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		A CONSECUENCE OF:		
	injury ar camplication which caused death.)				7.79
	ANTECEDENT CAUSES	(0)	arteniscle	now	
	DISEASES OR CONDITIONS, if any, gi	iving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating				
	UNDERLYING CONDITION last.	(C)			
7	443X II		1 12	_	
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE		revelut	(a)	
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	CONCIDERED.
Ĕ	19A. DATE OF OPERATION 19B. CONDITION F		ZOA. AUTOPST! (Tes of No	IN CERTIFYING CAUSES OF	DEATH?
CERTIFIC	SIA A CCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i		(If in Baltimore City, g	the same to sett and
احا	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(if in ballimore City, g	ve exact location)
CAL	DEATH (notify medical examiner)	etc.)			
-	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	OF INJURY (APPROX.)	While At Not Whil			
ME	OF INJURY (A PPROX.)	Work L At Work		061. 1	10/9
WE	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend	Work	Jan 1	95 10 Jan	1968
WE	OF INJURY (A PPROX.)	Work			
WE	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend	ded the deceased fram	98 19.68 and the		
WE	OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attend that (1) (we) last saw the deceased alive	ded the deceased fram	1968 and the view the bady after death.	nt in(my) (see, opinion de	
WE	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above	we. (I) (We) (did) (did nat)	18 19 68 and the view the bady after death.	et in(my) (see pinian de	ath accurred an the date
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ME	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify)	work At Work ded the deceased fram on ve. (I) (We) (did) (did nat) ve. DEGREE Phy DEGREE Attention of CEMETERY or CRI	1968 and the view the bady after death. 23D. ADDRESS 1600 WELL EMATORY 24D. LC	Shaff 23B. D. Shaff Composition de 23B. D. Composition de	ath accurred an the date
24A	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify) BUPINL 1-30-68	we. (I) (We) (did) (did nat) ve. (Degree Phy	1968 and the view the bady after death. Pending Med. Director Dir	Shaff 23B. D. Shaff Carlon (City, town, 2 LT, yore, 1) and Hawsersel	ath accurred an the date ATE SIGNED Or county) (State)
24A	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify) BUPINL 1-30-68	work At Work ded the deceased fram ove. (I) (We) (did) (did nat) v DEGREE Phy Attended the deceased fram Attended the deceased fr	1968 and the view the bady after death. 23D. ADDRESS 1600 WELL EMATORY 24D. LC	Shaff 23B. D. Shaff Carlon (City, town, 2 LT, yore, 1) and Hawsersel	ath accurred an the date ATE SIGNED Or county) (State)



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 1151 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 30 Am GRAHAM 60 EDGAR 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE MD. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY (JMITS? BALTIMORE YES A NO GENERAL E. STREET AND NUMBER 2233 RAMSAY STREET 9. AGE (fn years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 5. SEX 6. RACE 8. DATE OF BIRTH · MARRIED NEVER MARRIED Hours lost birthdoy) MALE 2-31-02 WHITE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) VIRGINIA UNITED VULCAN HART DIE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ANNA GILL Androw CLARK GRAHAM 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NONE 215 05 3899 MAY'E GRAHAM 2233 RA APPROXIMATE INTERVAL 1 B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenio, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION losf, 15 Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED Varcros 21A. CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Baltimare City, give exact focation) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (IX(this hospital) attended the deceased from. 19_ ond that in (my) (our) opinion death occurred on the date that (V) (we) last sow the deceased alive on ond hour and from the couses stated above (I)((Wg)((did)) (did not) view the body after death. 23A. SIGNATURE 23 B, DATE SIGNED Attending Med. Phys. Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION. 24D. LOCATION (Stote) REMOVAL (Specify) 1-30-68 LAKE 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR VS 150-REV. 1/1/6B



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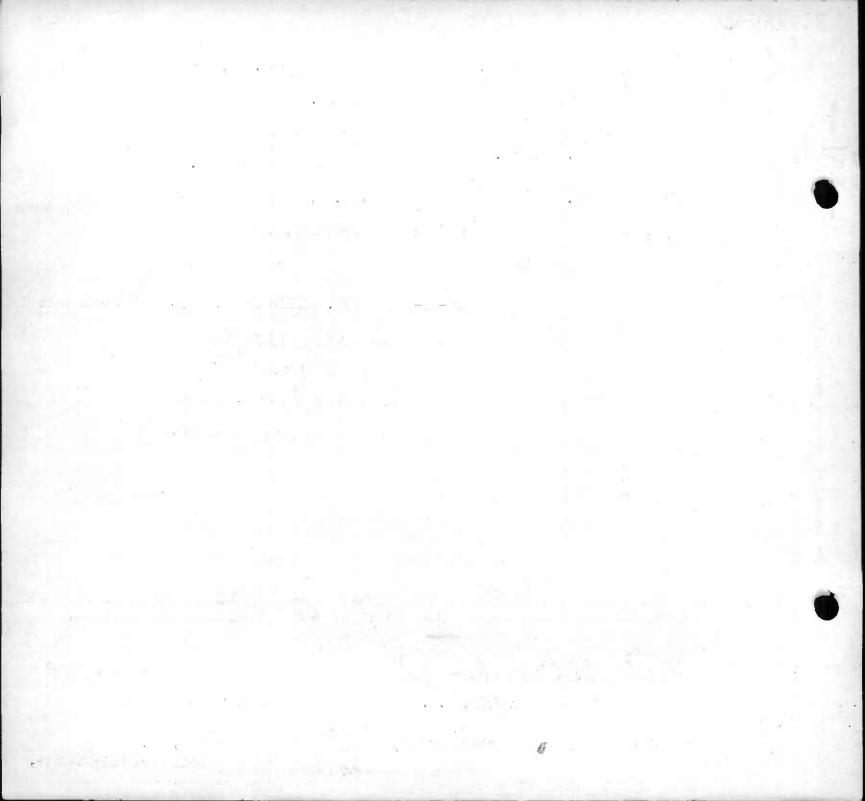
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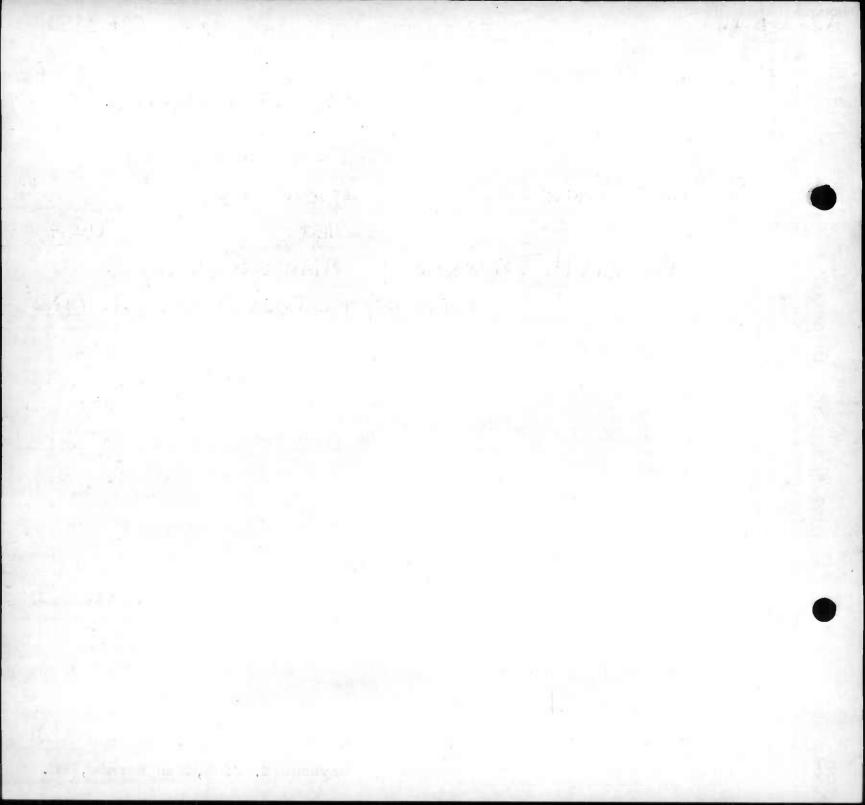
8	1152	BALTIMORE CITY		
	TTOC	CERTIFICAT	TE OF DEATH	REG. N
120	- 3 C M	1	2. DATE AND	HOUR OF D

BIRTH NO. I. NAME OF DECEASED EATH (Type or Print) Jan. 25, 1968 Alired 5. Tryon 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Md. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS YES XX NO Century Home 102 N. Paca St. 3213 Woodland Ave. 9, AGE (In years If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIEDXX NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months Days Haurs last birthday) WIDOWED Cau. DIVORCED Male Jan. 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during mast of warking life, even if retired Brooklyn, New York Horse Race Track Jockey 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martha Stewart Frank Tryon ADDRESS 15. Was Deceased Ever in U. S. Armed Farces? (Yes,na ar unknawn) (If yes, give war ar dates of service) 17. INFORMANT 6. SOCIAL SECURITY NO. Mrs. Lillie Tryon, 10806 Reisterstown Road 217-07-5629 No BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise la lhe abave cause (A) staling the UNDERLYING CONDITION last. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFI IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact lacation) DEATH (natify medical examiner) MEDIC 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED 21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY While At Nat While p (APPROX.) Wark At Work No 22, I certify that (1) (this hospital) attended the deceased from 68 ond that in (my) (our) opinion death occurred on the date that (1) (we) lost saw the deceased alive on and hour ond from the couses stoted obove. (1) (Western (did not) view the body ofter deoth. 23B, DATE SIGNED 23A. SIGNATURE Attending [Med. Staff Phys. Director Z3C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 6615 Reisterstown Road Willard Applefeld, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) Loudon Park Cemetery Baltimore. Md. 4611 Park Heights Ave, 25B NAME OF REGISTRAR FUNERAL DIRECTOR



M as

and that In(my) (our) opinion death occurred on the date 1/28/68 Wesley Chapel Cemetery Rock Hall, Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Raymond C. Fink, Glen Burnie, Md. VS 1S0-REV. 1/1/68



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25C. FUNERAL DIRECTOR

25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/68

258. NAME OF REGISTRAR

BURIAL

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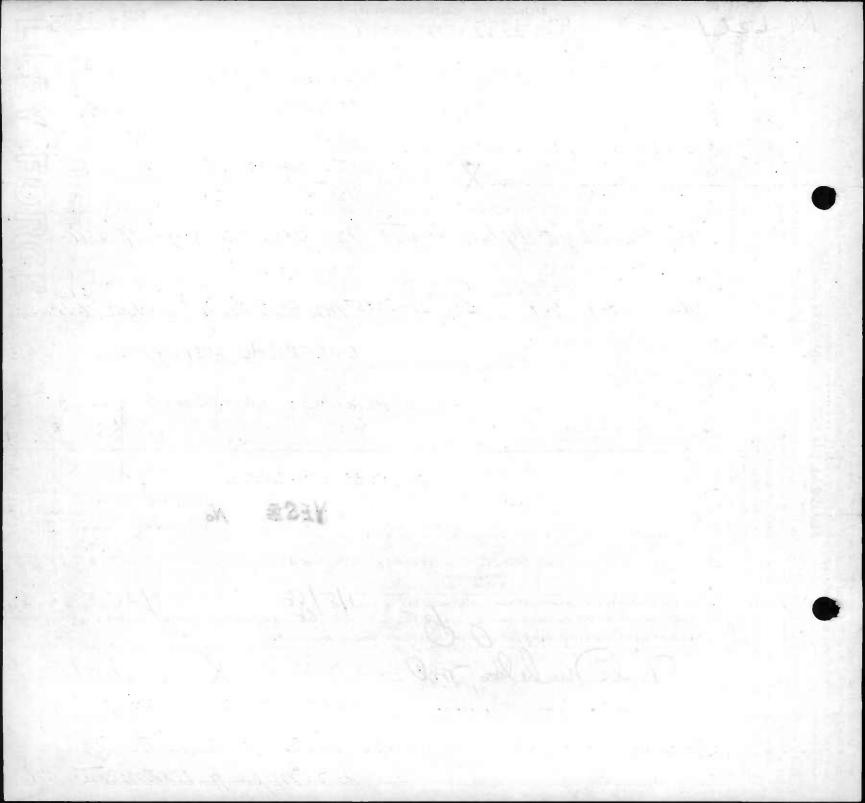
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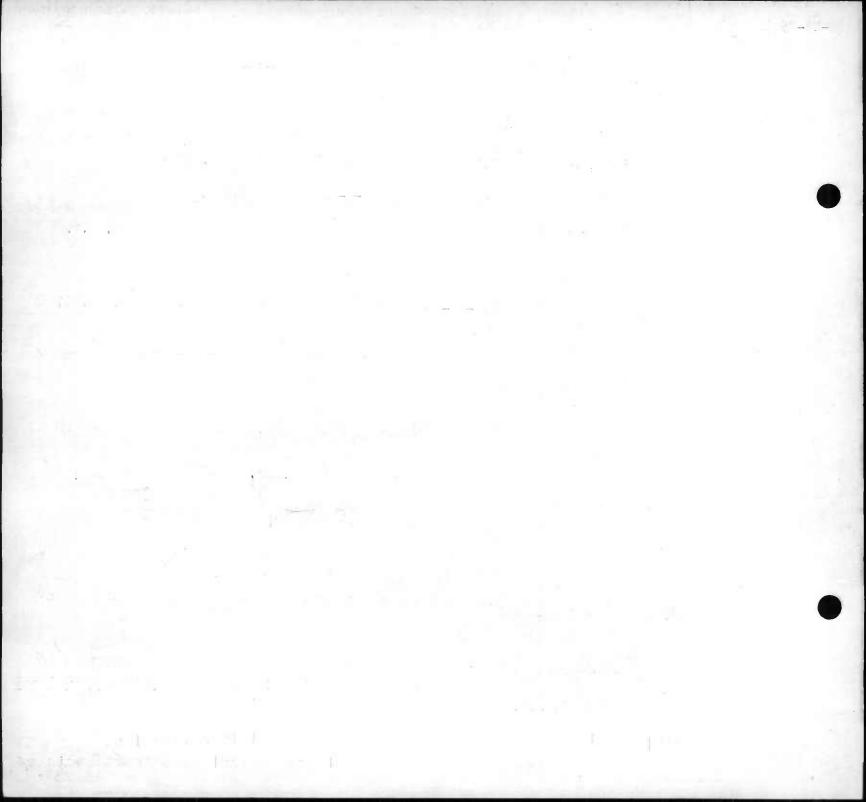
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VS 150-REV. 1/1/6B



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00 44	BALTIMORE CITY	HEALTH DEPARTMENT	68- 1156			
68-11.	CERTIFICA	TE OF DEATH REG. NO	00 1130			
I, NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH			
(Type or Print) GEORGE ERLINE		1-25-68	9:45 PM M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND	25.21			
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN D.	INSIDE CITY LIMITS?			
BALTIMORE CITY HOSPIT	ALS	BAIT IMORE	YES X NO			
3/ 4940 EASTERN AVENUE	2.400.4	578 BEECHFIELD AVE. #	21220			
5. SEX 6. RACE 7. MARYLAND		8. DATE OF BIRTH 9. AGE (In years				
MALE WHITE WIDOW		1-9-81 (10st birthdoy) 87	Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?			
FURNITURE FINISHER		MARYLAND	U. S.A.			
JOHN ERLINE		MARY ZIMMERMAN				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT BALTIMORE CITY	HOSPITAL'S DRESS			
No	e) SECURITY NO. 219-05-6551A	RECORDS: 4940 EASTERN AVE	BALTO. MD. #21224			
18.412.99 206	CAUSE OF DEAT		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY		420 15 To	BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) IMMEDIATE CAL	USEAS Cardiae Disa	case 3 yrs			
(This does not mean the mode of dying, e heart foilure, asthenia, etc. It means the disea	·9· DUF TO, OR AS	a consequence o f:	0			
injury or complication which coused death.)						
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:				
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UNDERLYING CONDITION Iosi.	(c) [10nt	gthe Seutenier	HCC.			
Z 420.0	4	0,0,	- 1			
TO THE DEATH BUT NOT RELATED TO THE TERMIN		al Infance	2 w/s			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, W	ERE FINDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or about 21 C. WHERE DID (If in Bal ffice bldg., INJURY OCCUR?	timore City, give exoct location)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY (A PPROX.)	While At Work Not While Work					
		Oct Obe 2 1967 10 5	TAN 25 1968.			
that (we) lost saw the deceased alive	AR.					
and hour and from the couses stoted obave (1) (did (did nat) view the body ofter deoth.						
23A. SIGNATURE						
Treday &	Oredin Abind Med. Staff Phys. Staff Phys. Jan 25/68					
23C.PHYSICIAN'S	OCONEL	220 4000000 4040 7040	NUE BALTO, MD. 21224			
NAME (Type)		C/2 (3618)	-13 HO3/2			
PRED ACKI, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C	DEGREE . NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)			
REMOVAL (Specify) Burial 1/30/68 L	Oudon Dt- Ca	Baltimore				
	OUDON Park CE	emetery Baltimore,	Maryland			
JAN 29 1968 (7.0. 6	E. Fallenna	Walters Funeral Ho	me Pratt&Stricker			
VS 150-REV. 1/T/6B			9.00			



occurred in a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT	V			
68- 115	CERTIFICA	TE OF DEATH	REG. NO	68- 1157		
BIRTH NO. T. NAME OF DECEASED	CERTIFICA	D DATE A	ND HOUR OF DEATH			
(Type or Pont)						
DORA M. GRUBB	NOUNCED DEAD	14. USUAL RESIDENCE (Who	nuary 26, 19	nstitution: residence before admission		
S. PEACE IN BALLIMORE MARIEARD, WHERE PRO	NOONCED DEAD	A. STATE B. COU		1'3		
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland	41410	001-00		
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?		
South Baltimore Gamer	al Hespital	Baltimere		YES X NO		
1 - 2		E. STREET AND NUMBER				
firm film		934 First				
5. SEX 6. RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Manths Doys Haurs Min.		
Female White WIDOW		July 4, 1888	79			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTE		
done during most of working life, even if retired)		With marind a		U.S.		
Housewife		Virginia 14. MOTHER'S MAIDEN NA	ME	0,0,		
Jeshua Grubb		Grace V	estal			
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war ar dates af servi	16. SOCIAL SECURITY NO. R1	17. INFORMANT		ADDRESS		
No	228-54-9682	Lenere Clinton	- 107 Churc	h St. Baltimere		
18, 112 0	CAUSE OF DEAT		201 01142 0	APPROXIMATE INTERVAL		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the above cause (A) stating						
UNDERLYING CONDITION last.						
420,0 II	0					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	NG Paral	lithiasis,				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	/-C/12/19/54/5-1	and a depot a Valle of a Valle of a valle of the second of				
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
C	21B. PLACE OF INJURY (e.g.,					
OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	are City, give exact lacotian)					
21D.TIME (Month) (Day) (Year) (Haur)	21D.TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED					
(APPROX.)	While At Work At Work					
	Jan. 76 1968					
that (I) (we) last saw the deceased alive	hat in (my) (our) ap	oinian death accurred an the de				
and haur and fram the causes stated abav	view the bady after death					
23A. SIGNATURE		4- F at 1		238, DATE SIGNED		
Mark Millian	M Discoss Att	ending Med. Director	Staff Phys.	Jan. 27, 1968		
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS				
NAME (Type) Morton Kreig	er MD	615	Hammends L	ane		
	- GEOMEE					
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C.NAME of CEMETERY or CR	EMATORY 24D.	LOCATION	City, town, ar caunty) (State)		

Green Wood Cemetery

2SC. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

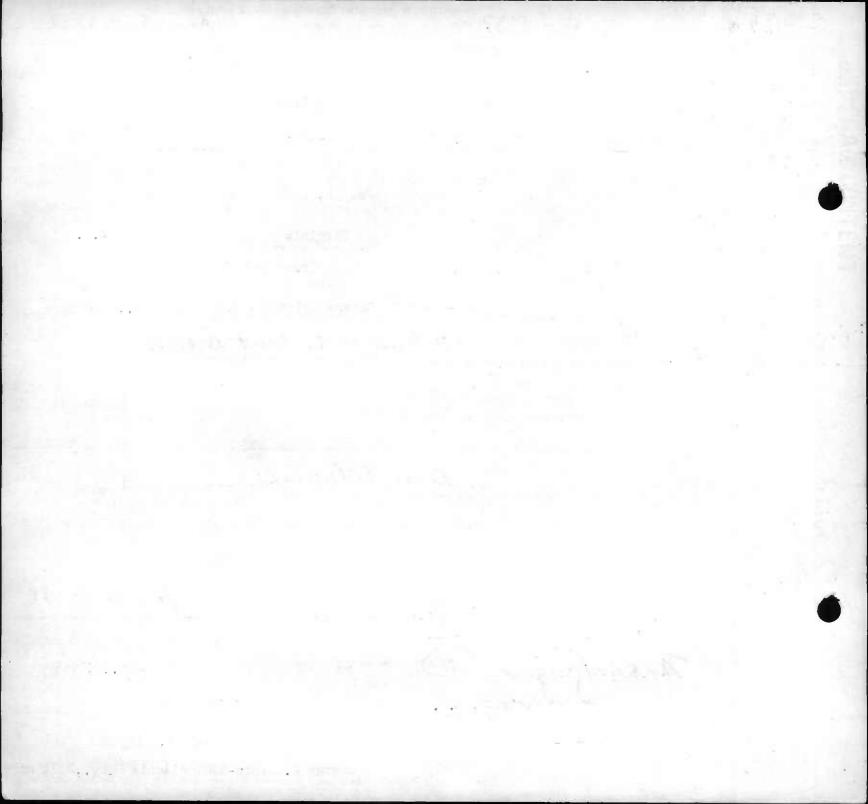
Damascus, Virginia

George J. Gence-4001 Ritchie Hgwy., Baltimere

VS 150-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

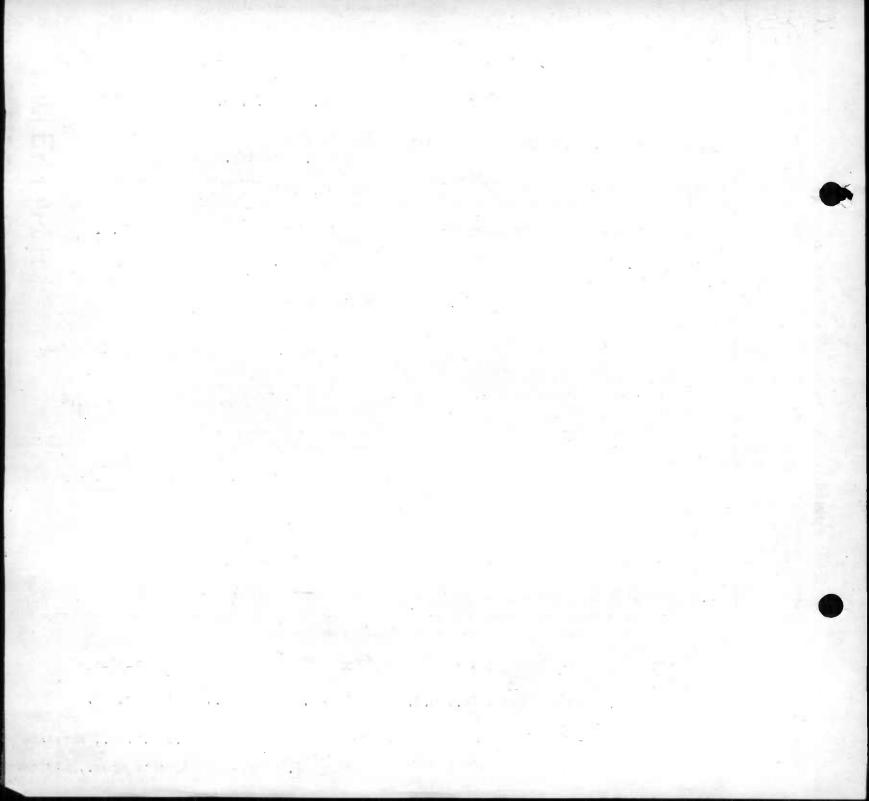
1-30-1968



-521	68- 1158 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 68- 1450
7007	BIRTH NO. CERTIFICATE OF DEATH REG NO. 1158
pital and of death Deceased to the on the ath. Such	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
- 2002	RUSSELL A. CONDIFF January 25, 1968
hospitatise of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
hosp ise (5) anc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET M. A.A.C. SOLOCATION) GETTY OR TOWN.
	institution C.C. CITY OR TOWN D. INSIDE CITY LIMITS? Brooklyn Park YES NO X
	South Baltimere General Hespital E. STREET AND NUMBER
D =	100 E. 11th Ave. #25
occurred ontributi ermined regular eased puis is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys Hours; Min.
occur ontrib ermin regul eased is ma	Male White WIDOWED DIVORCED May 30, 1913 Ost biuldoy 54 Months Doys Hours Min.
E 0 = 0 E	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
or nde inde	Truck Driver Transpertation Virginia U.S.
rect (4) U was the ispos	13. FATHER'S NAME
	Allen G. Condiff Sarah E. Fester
- O to to -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT SECURITY NO.
the the de nice	No 215-09-9317 Maude Cendiff - (same)
s as as any ced	18. 5 7 / O I CAUSE OF DEATH BETWEEN ONSET AND DEATH
G G T + O T	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
or hi Also re of noun atte	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF:
ner. actu pro ular mba	heart foilure, asthenio, etc. It means the disease, injury ar complication which coused death.)
	ANTECEDENT CAUSES CARROLL STORE
Xam A f Who	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
S = 300 = 12	underlying condition lost.
edical lical rrns; (sicia was	58/1/
E P C D O	To the beath of Not Retailed to the Terminal To the beath of Not
chiedy a Body the ysici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 10B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)
y the ital be; (2)	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
2.= 0 > Z _	21D. TIME (Month) (Doy) (Yeer) (Hour) 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED While At Not White
hosp naturept v d (6)	While At Not While At Work
S = > × E =	22. 1 certify that (1) (this haspital) attended the deceased from 196 to 1-25
app to the fan (fan 1); a	that (I) (we) last saw the deceased alive an /- 25 19 68 and that in(my) (our) opinion death occurred on the date
0 - 0 8 - 3	ond hour and from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth.
ust be assed dent ospit deat	23A, SIGNATURE 23B, DATE SIGNED
eleccid ccid to to	S. Tuebe was son from a Attending Med. Director Phys. 1-26-1968
	23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS
was r was r An a A. at prior	E. Hunter Wilson, Jr., M.D. GEGREE 805 Med. Arts Bldg., Bal timore, Md.
E O D	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Cer Sod 7S: D.C D.C	Burial 1-29-1968 Cedar Hill Cemetery Ritchie Hgwy., A.A.Co., Maryland
This certhe bocshows: was D. deceas	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
ドサマ タウタ	JAN 29 1968 Object E. Talkey George J. Gence-4001 Ritchie Hgwy., Baltimer

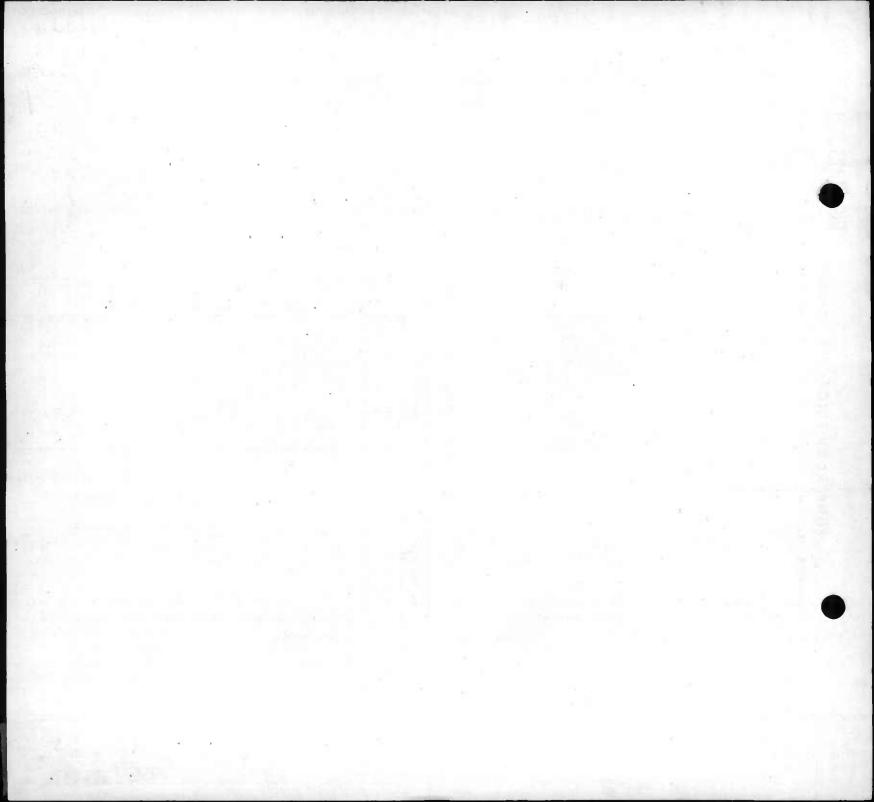
WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? Boltimore City, give exact location) ur) opinion death occurred on the date 23B. DATE SIGNED 1-26-1968 Bal timore, Md. (City, town, or county) Cemetery Ritchie Hgwy., A.A.Co., Maryland
25C. FUNERAL DIRECTOR ADDRESS George J. Gence-4001 Ritchie Hgwy., Baltimere

V\$ 150-REV. 1/1/6B

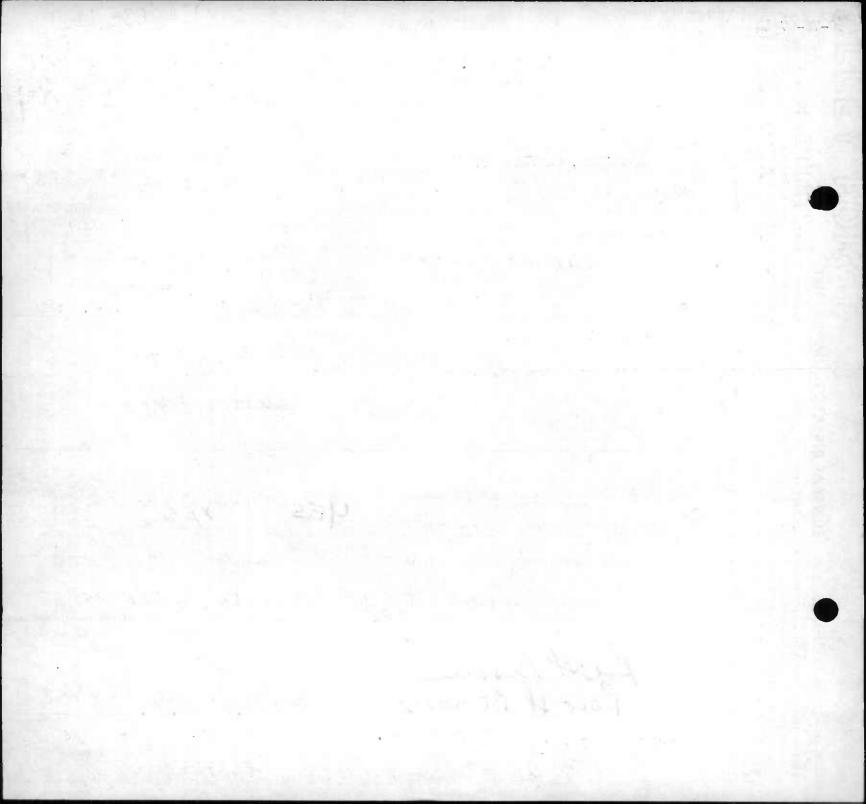


FUNERAL DIRECTOR: IMPORTANT	H
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such of deceased prior to death.	1-16
written approval must be obtained before the remains are embalmed or final disposition is made.	2

-	CO 44 50 BALTIMORE CITY	HEALTH DEPARTMENT 68- 1159				
	68- 1159 CERTIFICA	TE OF DEATH REG. NO. 1159				
	BIRTH NO.	2. DATE AND HOUR OF DEATH				
	(Type or Print) Catherine A. Zleibar.	1-28-68 65- AM.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland 20-0				
	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	22 1/2 12 12 12 12 12 12 12 12 12 12 12 12 12	E. STREET AND NUMBER				
	37 MERCY HOSP, INC	19 W. Ostend St.				
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
		Aug. 24, 1904 63				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	Bookkeeper Clothing	Balto. Md. USA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Charles Snyder	Mary Krastel				
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
		Henry J. Huber 823 Wedgewood Rd.				
	18. 8 3 0 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	« Cachecxia 370				
	(A)IMMEDIATE CAU	SE CO C / C C / C C C C C C C C C C C C C				
	heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	1 1 1 1				
	ANTECEDENT CAUSES May hus http://www.					
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:				
	rise la lhe abave cause (A) stating the UNDERLYING CONDITION last.	a consequence of a with me tastasis. If is				
	125.0 II					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).					
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED COLOR TO THE COLOR OF	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID (If in Bo)timore City, give exact location)				
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?				
	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?				
	While At Work (APPROX.) Work Not While At Work					
		1-8- 1968 to 1-28 1968.				
	22. I certify that (b) (this hospital) attended the deceased from 19 60 to 19 60, that (l) (we) last sow the deceased alive on 19 60 and that in(my) (our) opinion death occurred on the date					
1	ond hour and from the couses stated above. (I) (We) (did) (did not) view the body ofter death.					
	ond hour and from the causes stated above. (1) (we) (did) (did not) view the body offer death. 23A. SIGNATURE 23B. DATE SIGNED					
	1 Brown FUENTS Attending Med. Shoff B 1-28-68					
	23C.PHYSICIAN'S	23D. ADDRESS				
	NAME (Type) NA RONG RUANG RUCHIR	- M. H.				
1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (State)				
	Burial 1 31 68 Holy Redeemer	Balto. Md.				
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
	JAN 29 1968 A C. F. 8 For Change	Mc Cully 130 E. Fort Ave.				
1	VS 150-REV. 1/1/6B					



	5-35	5/ 68	3- 11	80 SEPTIFICA	TE OF DEATH	REG. NO.	68- 1160
BIR	TH NO.			CERTIFICA	TE OF DEATH		
	AME OF DEC			J. STHMP		1/26 168	5.45 P.M.
3.	PLACE IN BAL	TIMORE MARYLAND, V				here deceased lived, if is	nstitution: residence before admission
HC	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST ATION)	TUTION, GIVE STREET	Md. B.	ALTIMORE D. INS	IDE CITY LIMITS?
			E CI	TY HOSPITAL	BALTIMO	RE	YES NO
,	7/	940 Eastern 1 altimore, mai		21224	E. STREET AND NUMBER	Annabelle	Ave. 21225
5. 5	EX	6. RACE	7. MARRIEI	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	Male	WHITE	WIDOWE		5-4-09	lost birthdoy	
		working life, even if retired)	KIOB, KIND	DE ROZINEZZ OK INDOZIKI	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	IRON	WORKER			· md.		057
13.	FATHER'S NA!	W/LL/	AM	STUMPF AM STUMPF	14. MOTHER'S MAJOEN N	The second secon	annale.
15.	Was Deceased	Ever in U. S. Armed Fo	tces?	1 6. SOCIAL	17. INFORMANT BATT	MORE CITY HO	OC DTTP & TAPDRESS
(ie	No or unknown	(If yes, give wor or dot	es of service	218 18 63 72	RECORDS: BALL.	PACTERNIANTE	BALTO., MD. 21224
_	18. //			CAUSE OF DEAT		WALLEW WART	APPROXIMATE INTERVAL
	LEADING TO DEATH (This does not mean the made of dying, e.g., heart laiture, astheria, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE DISEASES OF CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C)				arynx		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
RTIFIC	19A. DATE OF	OPERATION 198. COI	NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
CAL CE	OR CONTRIBL	NT WAS UNDERLYING [JTING [] CAUSE OF medical examiner)		B. PLACE OF INJURY (e.g., ome, form, foctory, street, o	in or obout 11 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact lacation)
MEDIC	21 D. TIME	(Month) (Doy) (Year	(Hour) 2	E. INJURY OCCURRED	21F. HOW DID H	NJURY OCCUR?	
2	(APPROX.)			Vhile At Not Whi			
	22 L certify	that US (this hasnite	I) attended	the deceased from	18th December	1967 to	126 /68 19
	that W (we) last saw the deceased alive an 1/26/60 19 and that in (may) (aur) apinion death accurred on the date and haur and from the causes stated above. W (We) (did) (did not) view the bady after death.						
	23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 1/26/68						
	23 C. PHYSICIA NAME (T	ype) KUZF	H. B	ESSIN DEGREE	4940 EASTERN	Transe Ca VE BALTO	to Hospital
24/	Buria Buria	MATION, 24B. DATE Specify)		len Haven Cem.		en Burnie	AACo Md (Stote)
25/	A. DATE REC'D	AN 29 1968	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	FH 23	Potopses ave
VS	150-REV. 1/1/	6B	TOCKE	S CONTROL S	The may	11. 131	ソノンンS
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BALTIMORE	CITY	HEALTH	DEPARTMENT	
DALLIMOKE	OII I	LIEVACITI	PEIMITITE	

REG. NO. 68- 1161

		68-13	CEDTIEICA	TE OF DEATH	REG. NO.	and also V also									
	BIRT	H NO.	CERTIFICA	TE OF DEATH											
	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH														
	(Тур	e or Print) ANNA C. Pi	PPIN	Jan	ARY 26.19	69 8 - 4									
1	3 P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	•	January 26 1968 & P. M. 14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)											
	J	ever in successful Michiganish Milete I M	DING GITGED BEAG	A. STATE B. COUNTY											
	FUL	L NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION. GIVE STREET	MARYLAND											
	HO	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?									
	114.2	/	/12/1070	BALTIMORE		SX NOTA									
4	-	Date of Birth 9,	13/10/9	E STREET AND NUMBER	16	The state of the s									
. 6	11	NION MEMOR	:n. // no!-	E. SIREET AIND INDIVIDER											
	V	MION MEMOR	IAL HOSPIT.	1510 BOL	TON STR	EET									
	5. \$	EX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH 1 879		Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.									
		F WIDON	WED DIVORCED	19/12/19/19	88 84 M										
2	10A	USUAL OCCUPATION (Give kind of work 10B, KIN)		11. BIRTHPLACE (State or foreign	an country)	2. CITIZEN OF WHAT COUNTRY?									
:		during most of working life, even if retired)													
:				MARYLA	ND	USA									
	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAN	ΛE										
		Cosde	The MALLEY	Dankin	WHEATIE	= 1									
:	(-OMEGYS	C 0/4/1/4/4/1/	TANH	WHEATLE	- Y									
		Vas Deceased Ever in U.S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS									
	1103		SECORITI NO.	ROBERT O	. Pippin	in As									
	<u> </u>	no			- FILLIN	DECEASED									
:		18. 112 9 I	CAUSE OF DEAT	H		BETWEEN ONSET AND DEATH									
,		DISEASE OR CONDITION DIRECTLY				-									
2		LEADING TO DEATH	(A) IMMEDIATE CAL	ISE BRONCHO	PNEUMONI	9 15 DAYS									
		(This does not mean the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:											
		hearl failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ruse,	14.1. II		1.0									
		ANTECEDENT CAUSES	THE C	ν_0											
5			(B)	A CONSEQUENCE OF:											
,		DISEASES OR CONDITIONS, if any, gi	· iii g	A CONSEQUENCE OF											
2		UNDERLYING CONDITION last.	(C)												
		422.1			····										
	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			1									
2		TO THE DEATH BUT NOT RELATED TO THE TERMIT													
2		DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE	DINGS CONSIDERED									
	프	WAS PERFORMED	or which oreganism	*1 -	IN CERTIFYING CAUSE	S OF DEATH?									
2	CERTIFIC	0	1	NO											
2		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?	(It in Boltimare Ci	ty, give exact lacation)									
	CAL	DEATH (notify medical examiner)	etc.)												
3	- 1	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?										
	ME	OF INJURY	While At Not Whit												
5		(APPROX.)	Work At Work												
5		22. I certify that (1) this hospital attend	ed the deceased from	cember 27 1	967 10 Jane	iary 26 19 68									
2				16 10	~										
3															
and haur and from the couses stoted obove. (1) (We) (did) (did nat) view the body after deoth. 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED Phys. 1/26/6															
									3		23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	,9	1 1 1
									2		NAME (Type)V	the state of the s		POA	7 04
2	ENRIQUE CIPRIAMI MAEGREE 33 De Lalvery St.														
5	24A	BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMATORY 24D. LO	CATION (City, 1	lown, or county) (State)									
	D		Chester Ceme	etery Ch	nestertown,	Md.									
		urial 1/30/68				ADDRESS									
	23A	DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C FUNERAL DIRECTOR	M Chart										
	1		. 0 7 0	D# 1/1 // (m) 1/	onesi	tertown,Md.									

CAIGH WENGLAR HOTEL LESS B-100 STATE F 14 × 09/13/1911 MARYLAND COMEBYS COSTDEN BANK HALLING ROBERT - POR SETE Marketon and the Company (N = 4 Thomas Is he symmetry the wood Smyet Ciprian had - X - /2 ELASTE CHAINS NO 33 CON + COLONY SE

68- 1162

BIR	TH NO.							0, 1, 5 0.		REG. NO			
	NAME OF DEC	EASED					2. DATE	Known 🗌	Month	Doy	Year	Hour	
Like	AM	ELIA		C.		JACKSON	OF DEATH	Estimoted 🗌	January	7 18, 1	.968	9:45	P. M.
4.	PLACE IN BALT	IMORE, MA	ARYLAND, W	HERE PI	RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					RESIDENCE (Where	January		968	9:45	P. M.			
(ilton	Stree	et ((DOA)	A. STATE	Maryland		COUNTY	2	0	07
		7. RACE		8. MARE	RIED [NEVER MARRIED	C. CITY OF		D	INSIDE CIT	Y LIMITS?		
	Female	Whit	e	WIDOV	VED [DIVORCED .	Balt	imore		YES	s 🗌	NO 🗌	
9. [DATE OF BIRTH	1	10. AGE (In	yeors		der I Yr. If Under 24 Hrs. ns Doys Hours Min.		AND NUMBER . Hilton S	Street				
11.	BIRTHPLACE (S	tote or foreig	n country)	*		TIZEN OF THAT COUNTRY?	13. FATHER'S NAME						
	.USUAL OCCUI			48. KIND	OF B	USINESS OR INDUSTRY	15. MOTHI	ER'S MAIDEN NA	ME				
16. (Ye:	WAS DECEASE s, no or unknown)	D EVER IN (If yes, give	U.S. ARMED	FORCE:	5?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		AD	DRESS		
	19. , / , 3	0				CAUSE OF DEA	TH					PPROXIMATE II	
	4/06	7				Arterio	sclero	tic Cardio	vascu1a	r Bisea		WEEN ONSET A	ND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Bisease											
	heort foilure,	(A)IMMEDIATE CAUSE (This does not meon the mode of dylng, e.g., heort foilure, osthenio, etc. It meons the diseose, Injury or complication which coused death.)											aller der veler gler diller der veler del dille a
Ė	injury or com	pheonon win	cii cousea deo	,								٠	
		ANTECEDENT CAUSES (B)											
	RISE TO THE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE											
UNDERLYING CONDITION LAST.													
5	422.	1	11										
CERTIFICATION	TO THE DEA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).											
RTI	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED							MED			21. AUT	OPSY? (Yes	or No)
Ö	0											No	
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location home, form, foctory, street, office bldg., etc.) INJURY OCCUR?									t locotion)			
M	22D. TIME () (Hou	r) 22	E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCUR?				
OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK													
	23.												
	result	resulted from: Natural causes 🗵 Accident 📗 Suicide 🔲 Hamicide 🔲 Undetermined manner											
								CHIEF MEDICAL EXAMINER					
ACTUAL INCL. O 10 7 7 7 ASSISTANT MEDICAL EXAMINER TO									DATE SIGNED				
	EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 1-19 NAME (Type)									1-19-	68		
24	A. BURIAL CREA		24B. DATE	,	240	NAME of CENETER	G CREMAT	ORYZ () A III2II	LOCATION	City low	A downty	() (Sto	ite)
	MOVAL (Specif		1/291	168	+	ANA	LEDGE	DUARD	OIMA	RILA	ייעווו	, (316	
25	A. DATE REC'D			25B. N	AME	OF REGISTRAR	LIN 23 q.	FUNERAL DIRECT	DRAL S	Chu	DRESS		
		JAN 31	0 1968	Roll	re B	E. Stankey MA	M	JRTUARY	SERV	ICE -	BC	HU	

IMPORTANI

FUNERAL DIRECTOR:

A .M . REST INTELLES

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

7			BALTIMORE CITY	HEALTH DEPARTMENT	6	8- 1164
BIRTH NO.	68-	1164	CERTIFICA	TE OF DEATH	REG. NO.	LILO X
1. NAME OF DECE.		DIGGS		1	25, 1968	1250 P
3. PLACE IN BALTI	IMORE, MARYLAND, W				re decedsed lived. If ins	stitution: residence before admission
HOSPITAL OR	Baltimore Cit	y Hospit		C CITY OR TOWN Baltimore	D. INSIC	DE CITY LIMITS?
4 1	1940 Eastern Baltimore, Mar		1224	642 North Fult	ton Avenue	21217
Male	6. RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8-26-1900	9. AGE (In years lost birthdoy) 67	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	orking life, even if retired)	10 B, KIND OF	BUSINESS OR INDUSTRY	Virginia L	716	12. CITIZEN OF WHAT COUNTS
3. FATHER'S NAM	Moses D	998		14. MOTHER'S MAIDEN NAM	artha Logan	
S. Was Deceased Yes, no or unknown)	Ever in U. S. Armed For (If yes, give wor or date	s of service)	6. SOCIAL SECURITY NO. 214-11-8100A	17. INFORMANT Records:BCH-4940) Eastern Av	enue 21224
18. / 9 5	Y 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
ı	OR CONDITION DI		(A) IMMEDIATE CA	USE ? Polm	Embolisa	
heart failure, a	at meon the made af osthenio, etc. It meons plication which coused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	NTECEDENT CAUSES	460111.7	moti	La Prost	the Carcin	7,000
	R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	<u>/// C </u>	1913
	above cause (A) CONDITION lost.	storing the	(C)	7 00 70 777 777 777 777 777 777 777 777		
	II CANT CONDITIONS CO					
	OPERATION 19B. CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUT	TWAS UNDERLYING TING CAUSE OF	218. P home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exact location)
_	(Month) (Doy) (Year)		NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		White				1 00 60
	that (1) (this haspita		1-25-	68	19 68 to	1-25- 19 68
	last sow the decease			ond th	of in (my) (our) opin	nion death occurred an the do
23A. SIGNATUR		1/-	(***) (did) (did iidi)	view the budy after deaths		23B, DATE SIGNED
1/192	ald J. 70	GMan	DEGREE Phy		Staff Phys.	125/68
NAME (Ty		I. Saltz	ma n		nore City Hos	
24A. BURIAL CREA			DEGREE ME of CEMETERY OF CR			ore, Maryland 2122
REMOVAL (S		69 D-	La la Ha	for R	1/	Hd
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	Himore,	ADDRESS
JAN	1 2 9 1968 A	0 6- 8	FalleyFil	MORTONE 1	Dyett f. H	170/ LAUKEN
VS 150- PEV 1/174	B	A COL			. /	

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68- 1165 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.

68-1	1	O	J
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BIR	TH NO.										REG. NO.			
	NAME OF DEC	EASED E						2. DATE	Knawn X	Month	Doy	Year	Haur	
(1)k	e or Print)		SCOTT					OF DEATH	Estimoted	1	26	68	B:15 p	M.
4.	LACE IN BAL			HERE PR	ONOL	NCED DEAD		3. DATE		Month	Doy	Yeor	Hour	
	L NAME OF	(IF NO	T IN HOSPITA	LORINST	ITUTIO	N, GIVE STREE	T	PRONOL	NCED DEAD T	nuarv	26, 19	268	3:15	~
OR	SPITAL	ADDRE	SS OR LOCA	TION)				5 HISHAI DE	SIDENCE (When					P M.
6	34							A. STATE			B. COUNTY	residence	A CO	A E
	Pro	ovident	Hospi						laryland				1 Amend	
6. 5	SEX	7. RACE		B. MARR	IED 🗌	NEVER MAR	RIED 🔲	C. CITY OR	TOWN		D. INSIDE CITY	Y LIMITS!	a Q	77
M	ale	Colore	ed	WIDOW	/ED	DIVOR	RCED 🔲	Balti	more		YES		NO 🗆	1
9. [ATE OF BIRTH	H	10. AGE (In		If Und	er 1 Yr. If Unde	er 24 Hrs.	E. STREET A	ND NUMBER					
6	-19-19	48	lost birthdon		Months	Doys Hour	rs Min.	3612	Eldorad	ο Δτζο				
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	one	· er king me, er	,					ELIZ	ABETH B	ROOKS				
	WAS DECEAS					7. SOCIAL		1B. INFORM	ANT		ADI	DRESS		
(Yes	i, no or unknown)	(If yes, give v	war or dotes	of service)		SECURITY	-360°	Mre	Elizab	eth Da	327	3612	Eldo	oher
	19						OF DEAT		DITZGL	ECII De	a.y		PPROXIMATE IN	
	E 96	5				CAUSE							VEEN ONSET AN	D DEATH
	DISEAS	E OR COND	ITION DIREC	CTLY			Mult	iple gu	inshot wo	unds of	the bac	ck		
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		NTECEDENT OR CONDITIE		CIVING		(B)	F TO OR A	AS A CONSEG	LIENCE OF:					
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2	UNDERLYIN	NG CONDIT	ION LAST.			(c)		-4						
CERTIFICATION	E981	X	II											
⋠	OTHER SIGN	II FICANT CON	IDITIONS CO	ONTRIBUT	ING									
표		CONDITION			INAL									
E L	20A. DATE OF	OPERATION	V 208. CON	INDITION	FOR W	HICH OPERA	ATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes o	No)
S												***	B.G.	
AL	22A. EXTER	NAL CAUSE	MAC	T	22R DI	ACE OF INIII	IIDV/a a	in as about 2:	C. WHERE DID	fit in Dalainan	- City -lus -vest		ES	
EDIC,	UNDERLYING				home, f	orm, factory, s	treet, office	bldg., etc.) IN	JURY OCCUR?	(a in bonimor	e City, give exoci	rioconon)	14	-021
티	UTING CA					St.					Pennsylv	rania	Ave.	
Σ	OF INJURY	(Month) (D	ογ) (Yeor) (Hour	′	INJURY OC	CURRED	2:	F. HOWDID IN	IJURY OCCU	JR?			
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	23.				_							nd ch		
	l cert	ify that I h	eld an li	nquiry [Inspection [_ Aut	opsy X	and that an	his basis,	death in my a	pinion	CSL	
	result	ted from: N	latural cau	ses	Acc	ident 🗌	Suicid	е П Но	micide X	Undetermin	ned manner]		
		2	11	1 1					HIEF MEDICAL					
	ACTUAL	51	al t	IMI	2_	_					<u>n</u>		DATE SIGN	IED
	SIGNATI	URE	V 00 0	VOIV	Y		M.D.		TANT MEDICAL		K-			
	EXAMIN			****		37. 5		ASSO	CIATE MEDICAL	EXAMINER				
2.4	NAME (T		ward F	. Wil			PAAFFERV	CDEMARK	Die la	1004701	Janua	ary 2	7, 1968	
	A. BURIAL CREA MOVAL (Specif		24B. DATE		24C.	NAME of CE	EMETERY (or CREMATO	KY 24D.	LOCATION	(City, town,	or county) (Stot	e)
	Burial	1	2-1-68	3	Mo	ount A	ubur	n Ceme	tery	Balti	Lmore,	Mary	land	
25/	. DATE REC'D	BY HEALTH	DEPT.	25B. N.	AME C	F REGISTRAI	R	25C. F	UNERAL DIRECT			DRESS		
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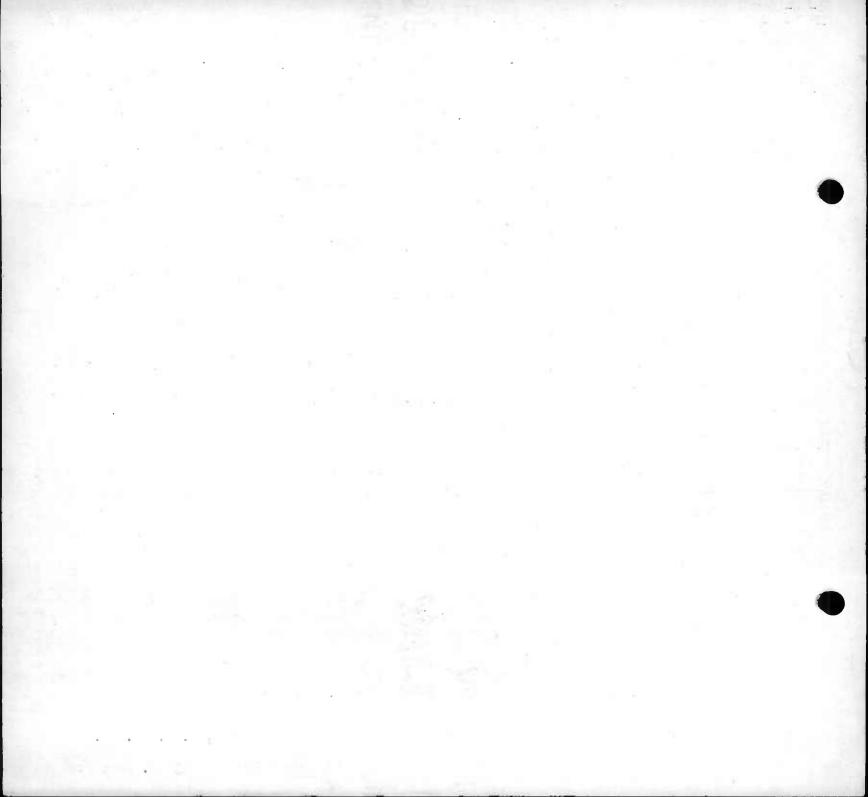
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			BALTIMORE CITY	HEALTH DEPARTMENT	68	- 1166			
		68- ii	CERTIFICA	TE OF DEATH	REG. NO.				
		H NO. AME OF DECEASED			D HOUR OF DEATH				
	(Тур	e ar Print) JUDSON W	RIGHT.	1-27.	68, 6.45 A17	Μ.			
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		residence before admission)			
	FILL	L NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION GIVE STREET	MARYLAND 25-50					
	HO	L NAME OF (IF NOT IN HOSPITAL OR IN: SPITAL OR ADDRESS OR LOCATION) TITUTION	Sitte Hote, Of the Street	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?			
1	1/	LUTHERAN HOSPITAL		BALTIMORE	YES	NO .			
7	K	730- ASH BURTON STREET		E. STREET AND NUMBER	Corra 4.0				
Ge.	-				AGE (In veors If Und				
made	5. S	ex 6. RACE 7. MARRI	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 6-18-84 9. AGE (In years last birthday) 83. If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.					
2 1		USUAL OCCUPATION (Give kind of work 10B, KIND Juring mast at working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	in country) 12. Cl	TIZEN OF WHAT COUNTRY?			
disposition	1	orter tenn	A. Kailroad	Nortalk. Un	rginia 1	11.5.4.			
081		ATHER'S NAME		14. MOTHER'S MAIDEN NAM		<u></u>			
Sp		tency Wright		lexanna	Wright				
	15. V	Vas Deceased Ever in U.S. Armed Farces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
tinal	(163	ind di dikildwii) (ii yes, give war di dales di servi	SECORITI NO.	Mrs. Viola 100	Ne 2412	HURON Ale.			
		18. 7 60 9	CAUSE OF DEAT		4774	APPROXIMATE INTERVAL			
0		18. 250. 9 DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH				
balmed		LEADING TO DEATH	(A) IMMEDIATE CAL	SE URAEMIA, A CONSEQUENCE OF:	. w. w. w. w. p.				
<u> </u>		(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:					
e II p		injury or complication which coused death.)							
		ANTECEDENT CAUSES	(B) ASCVI	SEVERE AND	EMIA, MALNUTRA	7P.N			
are		DISEASES OR CONDITIONS, if ony, giverise to the obove couse (A) stoting	II :						
		UNDERLYING CONDITION Iosi.	(c) DIABETE	S MELLITUS, GANG	GRENE FEET				
remains	7	260 X II							
ren	01	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN							
he			OR WHICH OPERATION	20A. AUTOPSY? (Yes a No	208. IF YES, WERE FINDING	S CONSIDERED			
+	RTIF	WAS PERFORMED			IN CERTIFYING CAUSES OF	DEATH?			
before	1 1	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, factary, street, a etc.)	n ar about 21C, WHERE DID INJURY OCCUR?	(If in Boltimore City, g	ive exact focation)			
0		21 D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
ained		OF INJURY (APPROX.)	While At Nat While	e 🗍					
bta			Wark At Wark	13	967 to 1- ~	77 1949 ,			
0	1 1	 I certify that (I) (this hospital) attendent that (I) (we) last sow the deceased alive of 		F	9 6 1 to of in(my) (our) opinian de				
pe	1 1				of in(my) (our) opinion de	oth occurred on the dote			
ıst	1 1	ond hour and fram the couses stoted obave 23A. SIGNATURE	e. (1) (We) (did) (did not) \	riew the bady ofter deoth.	23R D	ATE SIGNED			
must		Thankang. Ollan.		ending Med.	Staff Phys.	TI STOTE OF			
9		23C.PHYSICIAN'S	DEGREE Phy	s. Director 23D. ADDRESS	Phys. 🝱				
6		NAME (Type) THONKAM B.	PILLAI	730 - ASHBURTO	DN STREET.				
approval	244		DEGREE C.NAME of GEMETERY OF CR			, ar caunty) (State)			
	247	BEMOVAL (Specify)	(11/6	1/1/1/1/	/ //	L D			
tten	05.4	DATE REC'D BY HEALTH DEPT. 25B. NAM	HYBUTUS /Tel		AHIMOR	ADDRESS			
writt	25A		O T. D	25C. FUNERAL DIRECTOR	VAHEU 11	70) LAURENS SH			
>	Ve	JAN 29 1968 P.C.	Dr Z. Stanley MA	MORTONE L	yer rin 1	MURE OF			
	A 2	130-RE 7: 1/1/00							

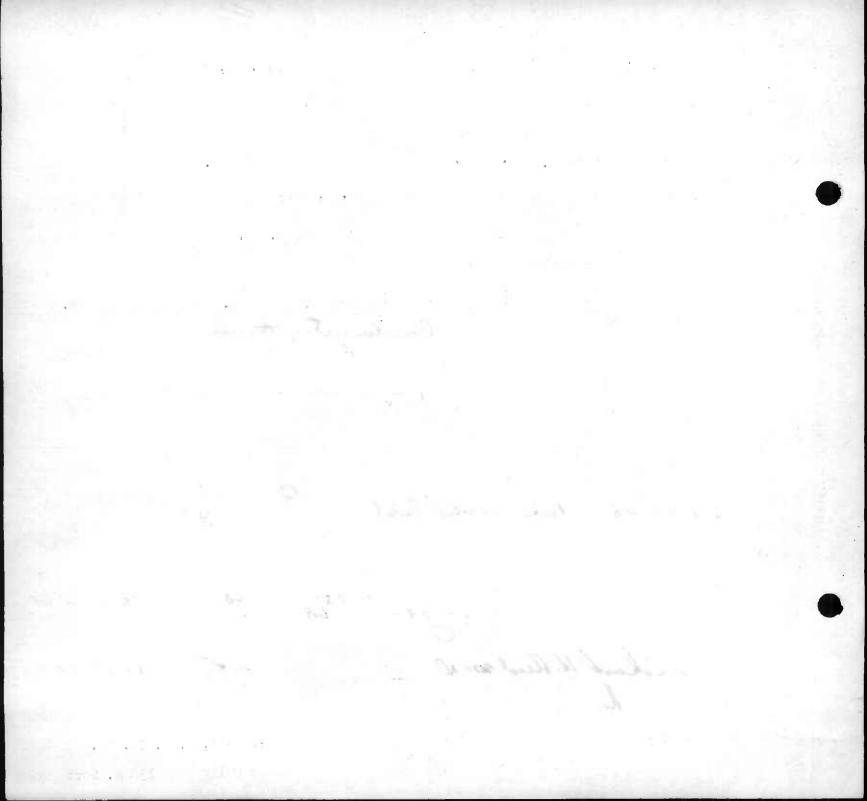
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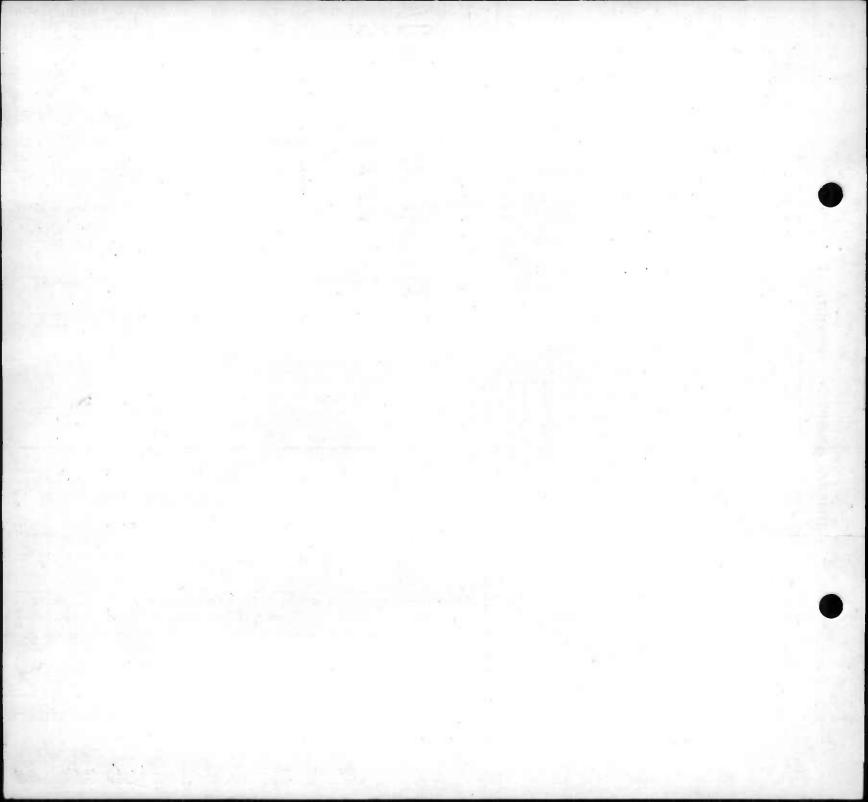
			FICATE OF DEATH		
Type or Print)	KRAPP, JOSEPH		2. DATE	AND HOUR OF DEATH	8/6
FULL NAME OF HOSPITAL OR INSTITUTION	HE NOT IN HOSPIT BALTIMORE 4940 EASTE BALTIMORE	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STR CITY HOSPITALS RN AVENUE MARYLAND 21224	C. CITY OR IOWN BALT IMORE	D. IN	SIDE CITY LIMITS? YES NO 21230
	6. RACE WHITE	7. MARRIED X NEVER MARR	CED	9. AGE (In years lost birth	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of w	vorking life, even if retired)	U.S. PRINTING	OHIO	foreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAM			14. MOTHER'S MAIDEN Unknow		
	Ever in U. S. Armed For (If yes, give wor or dote				OSPITAI APPRESS TIMORE MD. 21224
(This does not heart failure, injury or common ADISEASES Orise to the	LEADING TO DEATH of mean the mode of osthenia, etc. It meons plicotion which caused INTECEDENT CAUSES R CONDITIONS, if above cause (A)	the disease, death.) Out to the disease, death.)	DO OR AS A CONSEQUENCE OF:	un	20 yrs.
422	CONDITION last.	(C)		1 -	
O OTHER SIGNIFIED TO THE DEATH DISEASE OR CO	CONDITION last. II CANT CONDITIONS CO BUT NOT RELATED TO TO DONDITION GIVEN IN PART OPERATION 1198. CON	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WHICH OPERATIO	ON 20A. AUTOPSY? (Yes o	No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
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OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OF CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (M (we) and hour and 23A. SIGNATUR 23C. PHYSICIAL NAME (Ty) 24A. BURIAL CREA	CONDITION last. II CANT CONDITIONS CO 1 BUT NOT RELATED TO T DNDITION GIVEN IN PAR OPERATION 198. CON WAS PER T WAS UNDERLYING THAG CAUSE OF medical examine) (Month) (Doy) (Year) that (I) (this hospital lost sow the decease from the causes state T. T. LEVINSOHN AATION, 24B. DATE pecify)	NTRIBUTING HE TERMINAL 1 1 (A). DITON FOR WHICH OPERATION OF THE TERMINAL 1 1 (A). DITON FOR WHICH OPERATION OF THE TERMINAL 1 1 (A). DITON FOR WHICH OPERATION OF THE TERMINAL OF THE TERMINA	RY (e.g., in or obout 21C. WHERE DIT Street, office bldg., INJURY OCCUR RED 21F. HOW DID Not While 2 At Work 2 19 2 and and not) view the body after deo Attending Med. Director 2 HOSPITALS DEGREE 20A. AUTOPSY? (Yes of Yes) Attending Med. Director 2 HOSPITALS	208. IF YES, WERIN CERTIFYING CYES (If in Boltim INJURY OCCUR? 19 68 to 1 I that in my (aur) apoth. Staff Phys. AVENUE 21224	27 19 68 pinion death occurred on the date 123B, DATE SIGNED
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (M (we) and hour and 23A. SIGNATUI 23C. PHYSICIAN NAME (Ty) 24A. BURIAL CREA	CONDITION last. II CANT CONDITIONS CO H BUT NOT RELATED TO TO DNDITION GIVEN IN PAR OPERATION 198. CON WAS PER T WAS UNDERLYING TIME CAUSE OF medical examines) (Month) (Doy) (Year) that (I) (this hospital lost sow the decease from the causes state T. LEVINSOHN AATION, 248. DATE pecify) 1 31 68	NTRIBUTING HE TERMINAL 1 1 (A). DITON FOR WHICH OPERATION OF THE TERMINAL 1 1 (A). DITON FOR WHICH OPERATION OF THE TERMINAL 1 1 (A). DITON FOR WHICH OPERATION OF THE TERMINAL OF THE TERMINA	RY (e.g., in or obout 21C. WHERE DII street, office bldg., INJURY OCCUR RED 21F. HOW DID Not While At Work 19 22 and d not) view the body after deo Attending Med. Director 19 23D. ADDRESS/ 940 E. HOSPITALS DEGREE 19 24 DEGREE 19 24 DEGREE 19 25 DEG	208. IF YES, WERIN CERTIFYING CYES (If in Boltime Parties of the	27 19 68 pinion death occurred on the do



		68-	- 116	BALTIMORE CITY	HEALTH DEPARTMENT			
210			2.2.01		TE OF DEATH	REG. NO	68 - 1168	3
1 N	TH NO.	EASED <	9			ND HOUR OF DEATH	1	
(Тур	e or Print)	to: N	Ha	RRV M.	Jan	- 28 - 1968		M
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	INCED DEAD	Jan 4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If	institution; residence before	odmission)
EII	LL NAME OF	THE NOT IN HOSPIT	AL OR INISTITU	JTION, GIVE STREET		NIT	27-4	11
HC	SPITAL OR	ADDRESS OR LOCA	ATION)	JIION, GIVE STREET	Maryland C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
	MIONON				Baltimore		YES X NO	
	1/2	•			E. STREET AND NUMBER			
	40	South Balto	Gen. Ho	osp.	3215 Hamilto	on Ave.		
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Ur Months Doys Hours	der 24 Hrs.
	Male	White	WIDOWED	DIVORCED	Oct. 1, 1905	62	Total Doy's Troots	i i
			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT	COUNTRY?
don	Salesn	working life, even if retired)	ril of	himm	D-24- 1			
13.	FATHER'S NA		0700	hing	Balto . 1	MC •	USA	
		Unknown Stei	2		Rose Unknown			
15. 1	Was Deceased	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	ı.	ADDRESS	
	, no or unknown	(If yes, give wor or dote		SECURITY NO.				
	No				Harry M. Steir	1 Jr. 3215		
	18	6 X I		CAUSE OF DEAT	lar arter th	- con Pres :	BETWEEN ONSE	
	DISEAS	E OR CONDITION DI	RECTLY	Jasi	a ac-j m	01/00-24	0	
	(This does n	of mean the mode of	dvina. e.a	(A) IMMEDIATE CAL	JSE P		4 da)
	heart failure,	osthenio, etc. It meons plicotion which coused	the diseose,	DUE TO, OK AS	A CONSEQUENCE OF:			
		ANTECEDENT CAUSES		Rnei	menice		400	
				(B)	A CONSEQUENCE OF:		100	3
	rise to the	R CONDITIONS, if above couse (A)		DOE 10, OK AS	A CONSEQUENCE OF:			
	UNDERLYING	CONDITION lost.		(c)		********		
7	493X	II						
ATION	OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING HE TERMINAL	,				
CA		ONDITION GIVEN IN PAR OPERATION 198. CON		VHICH OPERATION	20A. AUTOPSY? (Ye) or N	a) 208 IF YES WEDE	FINDINGS CONSIDERED	
ERTIFIC/		WASAPERI		0.000	/ STATISTICS OF ALL	IN CERTIFYING C.	AUSES OF DEATH?	
CER	21 A. ACCIDEN	TWAS UNDERLYING	21 B.		n or about 21C. WHERE DID	(Nin Boltime	ore City, give exact location)
CAL	OR CONTRIBU	TING CAUSE OF	hom etc.)	e, farm, foctory, street, o	ffice bldg., INJURY OCCUR?	(= 5 5 11111	Suff fire exect to contin	
DIC	21 D. TIME	(Month) (Doy) (Year)			215 (18)(1 8)5 (1)	LILIBY OCCUPA		
	OF INJURY	(Pidniii) (Doy) (Teof)		INJURY OCCURRED	21 F. H-OW DID IN	JOKY OCCUR?		
-	(APPROX.)		Wor					
	22. I certify	that (1) (this hospital) attended th	ne deceased from	1-25-	19 GB to	1-28-	1966.
	that (I) (we)	lost saw the decease	d alive an	1-28-	19 68 and 1	hot In(my) (our) ap	inion death occurred o	in the date
	and hour and	from the causes stat	ed obave	(We) (did) (did nat)	iew the body after death.			
	23A. SIGNATU						23 B. DATE SIGNED	
	((*	1.11/11	Cerla	m Al Atte	ending Med.	Staff Phys.	1-28-6	F
	23C. PHYSICIA NAME (T	N'S		OEGKEE	23D. ADDRESS	rays. —	1-20-6	`
	NAME (T	(pe)			100			
24 A	. BURIAL CRE	MATION, 248. DATE	24C N A	OEGREE	FAAATORY 1240	OCATION "	Titu tawa as saustu)	(\$1-1-)
> pA	REMOVAL (S	ipecify)	240, 144	THE OF CENTERERS OF CK	240.	LOCATION	City, town, or county)	(Stote)
0.5	Burial	2 1 68		Cedar Hill	Bf	ooklyn, A.	A. Co. Md.	
25A	. DATE REC'D	BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	
	91	AN 29 1968 (P. Dan By	taken P. A.	A L	c Cully	130 E. Fort	Ave
/S	150-REV. 1/1/6	В	-					



	68-1	169 BALTIMORE CITY	HEALTH DEPARTMENT	332 332	68- 4469
BIE	TH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 1100
1.1	NAME OF DECEASED MAFFET	MARIA C	2. DATE AN	DHOUR OF DEATH	1968 8-10 M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceosed lived. If ins	titution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN DEPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	M.D		18-02
H	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	0 10 5	E CITY LIMITS?
1/	FIRANKLIN SQUARE HI	SPITAL	E. STREET AND NUMBER	IKE	YES NO .
7/2			LINCOLN	MIRSING	HOME
5.	SEX 6. RACE 7. MARR	IED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
	+ WHITE WIDOW		3/16/03	6364	
	USUAL OCCUPATION (Give kind of work 10B, KINE to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	UNEMPLOYED		ITALY		u. s. A
13.	FATHER'S NAME	= 1	14. MOTHER'S MAIDEN NAM		
1.5	AUGUSTINE, MAFF !	1 6. SOCIAL	17. INFORMANT	PALMO.	ADDRESS M. S. Ta/
(Ye	s, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	TOSEDLINE	NVKVIINE	CUVAL On Penfield
-	NO	128-14-0438 CAUSE OF DEAT	JUSEPITIVE	NINITUR	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE SHOCK QUE to)	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:		4-1 377/19
	injury or complication which coused death.) ANTECEDENT CAUSES	11.000	110/0 m = 1 , 2,		
	DISEASES OR CONDITIONS, if ony, gir	ing (B) DUE TO, OR AS	Note mid (?) A CONSEQUENCE OF:		
	rise to the obove cause (A) stating UNDERLYING CONDITION lost.	(C)			
	293 X II	(0)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG			
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	,	[20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	NDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
10	OR CONTRIBUTING CONTRIBUTING	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
MEDI	OF INJURY	21 E. INJURY OCCURRED While At Not While	21 F. HOW DID INJI	URY OCCUR?	
	(APPROX.)	Work Al Work		. 10 76	11 - 7041 (5)
	22. I certify that (I) (this haspital) attend			19 68 to 21	the JAN 19 2. ian death accurred an the date
	that (1) (we) last saw the deceased alive and haur and from the causes stated abov	/		at in(my) (aut) apin	ian death accurred an the date
	23A. SIGNATURE	e. (i) (we) (ala) (ala hai) (new the body offer death.		238. DATE SIGNED
	C. at Hwon	Dhu	ending Med.	Staff Phys.	27th JAN. 68
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		7
		OEGREE			
24	REMOVAL (Specify)	C. NAME of CEMETERY or CR			, town, or county) (Stote)
-		hen Huven	Cem. Gh	on Burnel,	Mal
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAV	ME OF REGISTRAR	Cem. Ghe 25C. FUNERAL DIRECTOR John H. HANHA	Foresol 11	Pennington Goe 26
	150-REV. 1/1/6B	RIN C. Marsey The	Jus is	Home, 4200	Jenningion 4 26



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

68-1:	BALTIMORE CITY	Y HEALTH DEPARTMENT		68- 1170
BIRTH NO. 68-01784	CERTIFICA	TE OF DEATH	REG. NO.	4270
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEAT	Н
Howard, Baby	Girl	Ja	n 23, 196	8 8:32 P. M. institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	DNOUNCED DEAD	IIA. STATE B. COUN	MARYLAND	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN		
Johns Hopkins Hospite		BALTIMORE		VSIDE CITY LIMITS?
Totals (10 parts)		E. STREET AND NUMBER		
33		419 N. FA	TIERSON	TARK AVENUE
5. SEX 6. RACE 7. MARR	RIED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
EMALE Negro WIDOV		Jan. 23, 1968		10
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRI		gn country)	12. CITIZEN OF WHAT COUNTRY?
12.50505050505050505050505050505050505050		Maryland	46	
13. FATHER'S NAME		BRENDA	WE	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	17. INFORMANT		ADDRESS
18. 7.59.9	CAUSE OF DEAT	гн		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH (This does not mean the made of dying,	e.g., (A) IMMEDIATE CA	use Congenital A CONSEQUENCE OF:	Anomalie	S
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,	A CONSEQUENCE OF		
ANTECEDENT CAUSES	(1)	Atelectasis		to a section of
		Atelectasis		
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
- 759.3 II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). □ 19A. DATE OF OPERATION 19B. CONDITION F		20 A. AUTOPSY? (Yes or No) 20B, IF YES, WE	RE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		Yes	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?		nore City, give exoct locotion)
D 21D. TIME (Month) (Doy) IYeor) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₩ OF INJURY (APPROX.)	While At Not Whi	ile 🗍		
22. I certify that (I) (this hospital) attend			19 68 to	Jan 23 1968.
that (I) (we) lost sow the deceased alive		(6)		opinion death occurred an the date
ond hour ond fram the couses stated obov				
23A. SIGNATURE			/	23B. DATE SIGNED
I fly think	M.D. DEGREE Ph	ending Med. Director	Staff Phys.	1/23/68
23C. PHYSICIAN'S NAME Viype) J. WM. PLY	'NT, JR. M.D.	THE JOHN	s HOPKIN	s Hospital
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CE	REMATORY 24D. LO	OCATION	(City, town, or county) (State)
Cremation 1/23/68	The Johns Hor	okins Hospital	Balto	., Maryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		OSAL ADDRESS
VS 150-REV. 1/1/6B		MILLY IT I	TELL DIVI	

. . . T Y

10 1 1 To

25C. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

Was

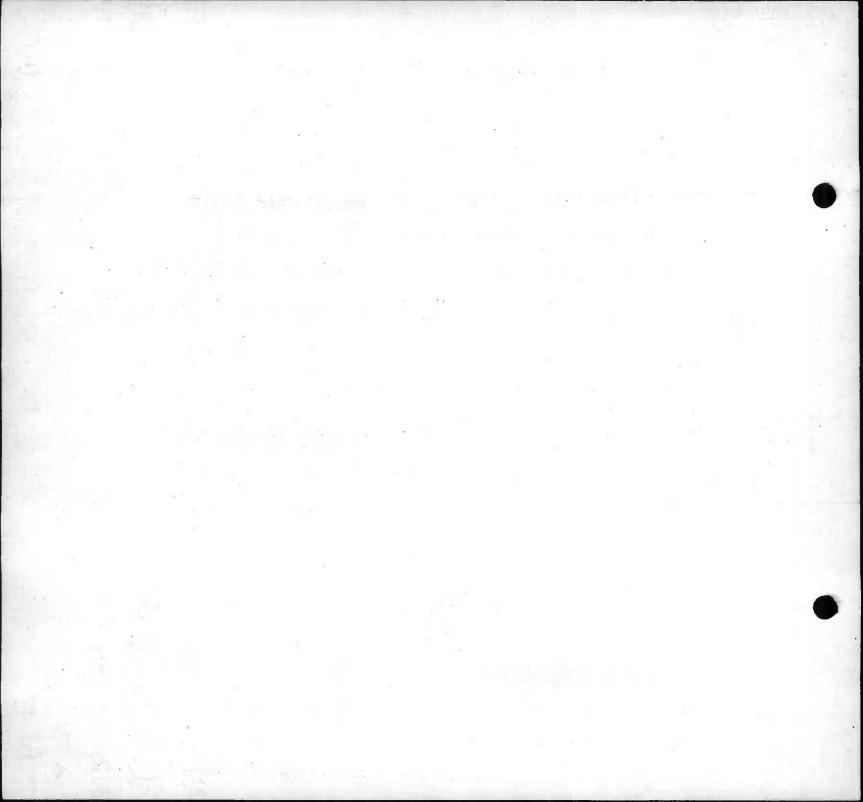
25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

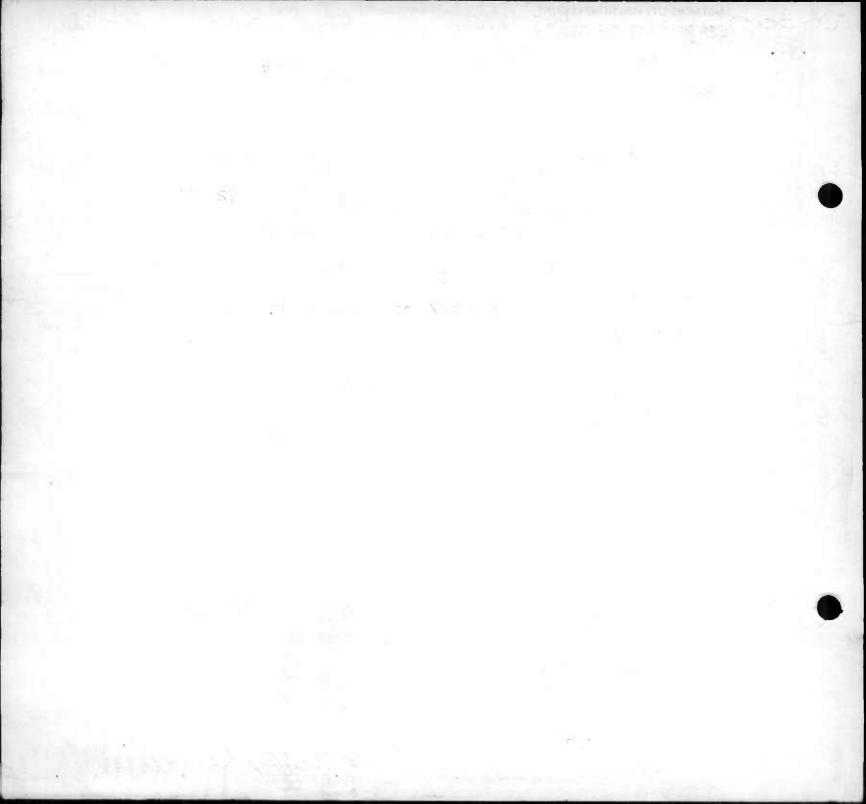
Registered Na.

that much have your HE 13 TEAR HOPET TEE Midl TV - Medound 9-1-1893 75 Reessea Pailor JE 8 12 Un burren 218-52-074 Soldie Levine W Hamme 1. 1-25-67 Halpro Hadand Cam Hereevery Klein Baltimes Burnel Jack terms me 21 grand 16

	20		HEALTH DEPARTMENT	V	68- 1172
4	68-1	172 CERTIFICA	TE OF DEATH	REG. NO	30 1110
		CENTITICA			
	1. NAME OF DECEASED (Type or Print)			HOUR OF DEATH	
	WILMER EAN	INWIEA	ND 28 JA	9N. 1968	12:10
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM	OUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If insti	tutian: residence before admission)
	#F NOT IN HOSPITAL OR ING	TITLITION CIVE CTORES	md	N.	53-00
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTANCE) HOSPITAL OR ADDRESS OR LOCATION)	ITIUTION, GIVE STREET	C. CITY OR TOWN	n INISINE	CITY LIMITS?
	GOULD CONALESCEN	T HOME	BALTIMORE		res V No
	90 6116 BIZLAIR Rd.		E. STREET AND NUMBER	- 9	INO L
.	70 6116 DE LAIS	, md 21206	1 1/	- 1 Male	_
		I Ma arada	GIOS HAMIL	TON HUE	2 /
2		D NEVER MARRIED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	MALE CAUCHSIAN WIDOWS	ED DIVORCED	DEC, 12, 1893	74	
-	10A. USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
5	done during most of working life, even if retired)	EL WEGR.	DENIA A		V.S. 14-
	13. FATHER'S NAME	JU 1000 G16	14. MOTHER'S MAIDEN NAM	os.	0.3
	13. FATHER 3 NAME	4			
2	ERWIN WIEA	ND	CARRIE 1	N. ROEDE	R
2	15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS,
2	(Yes, no or unknown) (If yes, give wor or dotes of service	2, 2/04/305/	1 = 11. = - 1	6103 HB	mILTON
Ξ	100	213/09/303/	C.E. WIEAND	RAU	TO. K. 4.
5	18.4/2.9 ×1 /85 X	CAUSE OF DEATH	1		BETWEEN ONSET AND DEATH
2	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		De + C	1	
	(This does not mean the mode of dying, e.	(A) IMMEDIATE CAU		THE WALL	
5	heart failure, asthenia, etc. It means the diseas		A CONSEQUENCE OF:		
2	injury ar camplication which coused death.)	nc	-eV DISEAS	- 0	100
5	ANTECEDENT CAUSES	(B)	- EV VISEAS	- alux	, ou ho.
ש	DISEASES OR CONDITIONS, if any, giving	ng DUE TO OR AS	A CONSEQUENCE OF		CY
3	rise to the above cause (A) stating to UNDERLYING CONDITION last.	(c) (e)	ulul Mi	enisseL	erosis - 8 mp
	./40/	(0)			
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G (1) A /	1/2		
2	₹ TO THE DEATH BUT NOT RELATED TO THE TERMINA		/ 1RostATe -	~	***************************************
ש		R WHICH OPERATION	20A. AUTOPSY? (Yes or No)		
	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		No	IN CERTIFYING CAUS	ES OF DEATH?
2	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If In Boltimare	City, give exact lacation)
		home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		
0	[[0]		015 115 115 111 111		
9	OF INTURY	While At Not While	21 F. HOW DID INJU	INT OCCUR?	
		While At Not While At Work		1	. 00
	22. I certify that (1) (this haspital) attended	d the deceased fram	CT. 10 1	960 to VIL	1968.
0	that (I) (we) last saw the deceased alive a	1/11/10 -	19 / Kand the	t in (my) (our) anini	an death accurred an the date
ă					
15	and haur and from the causes stated above	· (I) (mer (area (alla nor) v	new the bady after death.		3B. DATE SIGNED
E	23A. SIGNATURE	M. (Atta	nding Med.	Shall D	1/1/6/10
5	Malatar	Y BEGGEE Phys	s. Director 🗆 I	Phys.	18 368
>	23 C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS		DUNDALK
	M. B. DA1215 MD	OEGREE	6800 morning	TED) Rd. M	MARYLAND 2122
ddb		NAME of CEMETERY OF CHE		CATION (City,	town, or county) (State)
_	D. REMOVAL (Specify)	INTY PREAD MA			REWINDA.
116	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	MILI	roku jwy	ADDRESS
	ERST OF THE PARTY	C Z. O	25C. FUNERAL DIRECTOR	. 00. 11.	whalk, yd.
>	JAN 30 1968 R.C. 6	E. Janey Full	w servin per	oury I we	7,19
	VS 150-REV. 1/1/6B				



	68-1:	BALTIMORE CITY	HEALTH DEPARTMENT	/	00 3470
	H NO.	CERTIFICA	TE OF DEATH	Registered Na.	68-11/3
1, N	AME OF DECEASED	ina	2. DIATE AND	HOUR OF DEATH	
		1.10	138	68-10%	m.
	* ROSINA YEHLE DUNN		A. STATE B. COUNT	Y	itution: tesidence before admission)
F	ULL NAME OF (II not in hospital or institut	on, give street		BALTIMORE (1) 53-00
Į į	STITUTION		C. CITY OF TOWN (If outs)	ide city limits, write RU	RAL and give township)
17/	In the alla lees for		D. STREET ADDRESS (If re	urol, give location)	V 4, 1
	Vonth Charles Go	u. Hoop.	2518 Gra	-}	
5. S		WED, DIVORCED (specify)	_ c	. AGE (In years ost birthday)	of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
.01	USUAL OCCUPATION (Give kind of work 10B. KINI	widow	2-4-95	72 ##	12. CITIZEN OF
	during most of working life, even if retired)		11. BIKINFEACE (Store of foreig	in country/	WHAT COUNTRY?
12.		TAIL SALES	washingir	n, 11.6	U-9.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		1
	WILLIAM YEHLE	11.4.222	MARY	(?	ADDRESS
(Yes	Was Deceased Ever in U. S. Armed Forces? ,,no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	17. INFORMANT	AS IN	4 ABOVE
	NO	217/22/6632 CAUSE O		DUNN	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	CAUSE	P DEATH		ONSET AND DEATH
	LEADING TO DEATH	(A)	memica de	evere	
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	_	7	
	injury or complication which coused death.)	G-	I Bleedrag	a ettron.	
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if ony, gi rise to the obove cause (A) stoting				
	UNDERLYING CONDITION Iosi.	***************************************			
z	578X II	TING			
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			2	
FICA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or Mo)	20B. IF YES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
CERTIFIC	0				
A	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
EDIC	21 D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
₹	OF INJURY (APPROX.)	While At Not While Work At Work	е		
	22. I certify that (1) (this hospital) attend	<u> </u>		969 to 1-	88 1968.
	that (I) (we) lost/saw the deceased alive		19.68 and tha	ıt in(my) (aur) apini	on death accurred on the dote
	and hour and from the couses stated above				
	23A. SIGNATURE				23B. DATE SIGNED
	Jenticejo80	M.D. Att	ending Med. Director	Stoff Phys.	1 28 68
	23C. PHYSICIAN'S NAME (Type) X MO M. (4@4080 M.D.	23D. ADDRESS	Harles	Gen. losp.
244		C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	, lown, or county) (State)
	BURIAL 2/1/1968	MORELAND MEM	ORIAL 1	BALTIMORE,	MD.
25A	DATE REC'D BY HEALTH DEPT. 25B. NA		25C FUNEROODIRECTOR	Budle	1 ADDRESS
	AHM 20 1208 (1000)	o E. Jankey M. A.	W. BROOKS	BRADLEY, D	UNDALK, MD.
VS	150-REV. 1/1/65				



68- 1174 BALTIMORE CITY HEALTH DEPARTMENT

MAEDICAL SYAMINED'S CEDTIFICATE OF DEATH

68- 1174

BIRTH NO.		MED	ICAI	L LA	HAMIIAEK 2	CERTII	CATEO	PUEAT	REG. NO	D	months with the	*
1. NAME OF DEC	CEASED					2. DATE	Known 🛚	Month	Doy	Year	Hour	
(Type or Print)		GERALD	INE	HOLO	OMB	OF DEATH	Estimated [Januar		1968		3.4
4. PLACE IN BAL						3. DATE		Month	Day	Year	Haur	<u>M.</u>
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L OR INS	NOITUTIT	, GIVE STREET		OUNCED DEAD	Januar	2		1:05	
OK AVSITIONON	Baltim	ore Ci	ty Ho	ospit	al (DOA)	A. STATE	Maryland		B. COUNTY		imore	ision)
6. SEX	7. RACE				NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LIMITS?		
Female	Whit	е	WIDOV		DIVORCED .		Essex			YES 🗌	NO 🔯	
9. DATE OF BIRT		lost birthda	years y)		r 1 Yr. If Under 24 Hrs. Days , Hours , Min.	E. STREET	AND NUMBER	na Dand		6	7	1
SEPT, 20		1		12 CITI	ZEN OF	13. FATHE	88 Popla	ir koad		11	Ja 11 61	
TI. BIRTH LACE	siole di lareig	in caomity)			AT COUNTRY?			511.		-		
VA.	DATIONI/S:	1. 1.6. (1	1 4B WINT	U	SA		SEPIF	SHI	FILL	577		
done during most of v	working life, ev	e kind of wark en if retired)	146. KINI	OF BU	SINESS OR INDUSTR	YIIS. MOTH	ER'S MAIDEN N	AME >				
16. WAS DECEAS	ED EVER IN				. SOCIAL	18. INFOR	MANT			ADDRESS		
(Yes, no or unknown	(If yes, give w	vor or dotes	of service	2	SECURITY NO.	8 5	TANLEY	- HOLO	COMP		A	BOVE
19.4 22	5 X 1				CAUSE OF DEA	тH					PPROXIMATE IN	
,	E OR COND		CTLY									
	LEADING TO				(A)IMMEDIATE		Myocardi	tis				
heort foilure	nat mean the	. It meons the	diseose,		DUE TO, OR	AS A CONSE	QUENCE OF:					
illigary or cor	mplication whic	in coused dec	oin.)									
	NTECEDENT				(B)	45 4 60NS	QUENCE OF:					
RISE TO THE	OR CONDITION	USE (A) STAT			DOE 10, OK	AS A CONS	QUENCE OF:			- 1		
Z	NG CONDITI	ON LAST.			(c)			~~~~~				
# 422.2 OTHER SIGN	VIFICANT CON	II	NITPIRII	TING								
O THE DE	ATH BUT NOT	RELATED TO	THE TERM	AINAL	4 may man and manage and manage (200 miles)							
20A. DATE OF					HICH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Yes	ar Na)
article of											Yes	
Z 22A. EXTER	NAL CAUSE		7	22B. PLA	CE OF INJURY(e.g.,	in or obaut	22C. WHERE DIE	(If in Baltimar	e City, give e	xact lacotion)		
□ UTING □ CA												
≥ 22D. TIME OF INJURY	(Month) (D	ay) (Yeor) (Hou	/	INJURY OCCURRED		22F. HOW DID 1	NJURY OCCL	JR?			
(APPROX.)				m. WOF	LE AT NOT	VORK						
23.	ify that I he	eld on 1	nquiry [_ I	nspection Au	itopsy X	ond that on	this bosis,	deoth in m	y opinion		
resul	ted from: N	atural cou	ses X	Acci	ident Suici	de 🗌 H	amicide	Undetermin	ned manner			
	01		1	1			CHIEF MEDICAL					
ACTUAL		p- 1	5	1_	and we	ASS	ISTANT MEDICA				DATE SIGI	NED
SIGNATI	ER'S Ch	narles	S. S	prin	gate, M.D.		OCIATE MEDICA			nuary 2	25, 196	8
24A. BURIAL CREA	lype)	48. DATE			NAME of CEMETERY	or CREMAT	ORY 24	. LOCATION		wn, ar count		
REMOVAL (Speci		1/29	168		arm & a	- CREMAI	241			^)
ISURI	AL	/		B		EM.	EUNIEDAL DIREC		r for 1		MO.	
25A. DATE REC'D	T MEALIH L	40.00	23B. N	NAME OF	REGISTRAR		FUNERAL DIREC			ADDRESS		
	JAN 30	1968	Orals	000	- VIOLUCIA	1).	E. CON	VELLY	SOK	13 3	00 1	1ACE

TELE TELEVISION THE CHARLES

- 1	BALTIMORE CITY HEALTH DEPARTMENT	O SAME
	IRTH NO. A.E. CASE NO. 68- 1175 CERTIFICATE OF DEATH Registered No. 6	5- 1175
1.	NAME OF DECEASED CRAMBLITT, MYRTLE ELIZABETH 2. DATE AND HOUR OF DEATH 1968	5:25P
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution A, STATE B. COUNTY	/٧1.
	FULL NAME OF (If not in haspital ar institution, give street MD. 21229	23-02
	HOSPITAL OR oddress or location) ST AGNES HOSPITAL C. CITY OR TOWN (If outside city limits, write RURAL BALTIMORE)	and give township)
	ST AGNES HOSPITAL WILKENS & CATON AVE. BALTIMORE D. STREET ADDRESS (If rurol, give locotion)	
	BALTIMORE, MARYLAND 21229 1222 PATAPSCO STREET	
		nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
j		CITIZEN OF WHAT COUNTRY?
	MARYLAND	U. S. A.
3	3. FATHER'S NAME	
	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	
5	5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
	NO 213-01-1849 ST AGNES RECORDS WILKEN	S & CATON AVE
	18.4/0,9 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH AREATE PROPERTY	
	This does not mean the made of dying, e.g., (This does not mean the made of dying, e.g., DUE TO	P
	hear followe, disherila, etc. if filedits file disease,	
	ANTECEDENT CAUSES (B) A - S - C D DUE TO	
	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the (C)	
	UNDERLYING CONDITION last.	***************************************
2	420./ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN WAS PERFORMED	GS CONSIDERED
2	OR CONTRIBUTING CAUSE OF hame, form, factory, street, office bldg., INJURY OCCUR?	give exact lacation)
	21D. TIME (Month) (Day) (Yeor) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
111	While At Nat White At Work	
	22. I certify that (M (this hospital) attended the deceased from JANUARY 26. 1968 to JANUAR	Y 28, 19 68,
	that (IX(we) lost sow the deceased alive an JANUARY 28, 19 68 and that in XX (our) apinion d	eoth occurred an the dote
	and hour ond from the couses stated above. 🏈 (We) (did) (🏋 💥 Xiew the body ofter death.	
	23A. SIGNATURE	DATE SIGNED
	Colly accessor Cargo M.D. Attending Med. Director Stoff Phys.	
	23C. PHYSICIANS NAME (Type) 23D. ADDRESS NAME (Type)	TO MD 21220
2.4	ALEJANDRO MEJIA A.D. WILKENS & CATON AVES. BAL	
4 د	KEMODY & (Specify)	n, or county) (State)
25	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTMAR 25C FUNERAL ORECTOR	ADDRESS
	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL ORECTOR AN 30 1968 P. O. A. S. January 130 E. To	IT ar
S	\$ 150-REV. 1/1/65	

SALE THE STREET SUMMERS STREET STREET

TENTAL CATALAGE.

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T. STATE STATE STATE STATE

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SUP-11-11-11- ST AGUES REDURCE WILLIES - STOULAND

This certificate must

VS 150-REV. 1/1/68

-614		HEALTH DEPARTMENT REG. NO. 1176				
the the uch	BIRTH NO.	TE OF DEATH REG. NO.				
on th	(Type or Print) Curley William	2. DATE AND HOUR OF DEATH				
0 o ±	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?				
attend ior to	institution Joseph Lal	Baltimore YES K NO				
L	South Jeneral Hospital	E. STREET AND NUMBER				
0 0 0	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	1408 Belt St. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If Under 24 Hrs				
regular eased priss made.	Male White WIDOWED DIVORCED	lost birthdoy) Months Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR'				
(4) Undet was in the dec	done during most of working life, even if refired) Longshoreman Shipyard	Baltimore, Md. U. S. A.				
(4) Und was i the de isposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Jacob M. Cumler	Anna Clark				
ind; (eath		17. INFORMANT ADDRESS				
A B O E	(Yes, no or unknown) (If yes, give wor or dotes of service) No. 217-09-1168	Mrs. Anna V. Curley, 1408 Belt St. Balto. 30				
ced ndan or fi	18. CAUSE OF DEATH	APPROXIMATE INTERVAL				
G @ 3 +	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
att a	LEADING TO DEATH (This does not mean the made of dying, e.g.,	SE Kight Side Heart to ilure 10 Years				
pron ular mbali	heart failure, asthenia, etc. Il means the disease,					
fractu o pro gular emba	ANTECEDENT CAUSES	Cor pulmonale				
wh e	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:				
(3) an in ns a	rise to the above couse (A) stating the UNDERLYING CONDITION last.	Obstructive Airway disexce				
burns; hysicic n was remair	z 527.2 II					
phy an v	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).					
dy heici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
C 2	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If in Baltimore City, give exact location)				
e; (2) /here No pt befor	OR CONTRIBUTING CAUSE OF home, form, factory, street, off DEATH (notify medical examiner)	ice bldg., INJURY OCCUR?				
S) W	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?				
d (d	(APPROX.) While At Not While Work Not Work					
(exc ; an	22. I certify that (1) this haspital) attended the deceased fram	n 26 19 6 to Jan 28 19 65				
of al (h);	19 and that in (my) (aut) apinian death accurred an the dat					
	iew the bady after death.					
BODE		nding Med. Staff O				
מכם א	23C.PHYSICIAN'S	Director Phys. Phys. 23D. AppRess				
A. at prio	NAME (Type) Sama Young RHIM	South Boot. General Hospital				
0 0	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREE	MATORY 24D. LOCATION (City, town, or county) (State)				
vs: (1) D.O./ ten a	Burial 1-31-68 Most Holy Redeeme	er Cemetery 4430 Belair Rd. Balto. Md. 21206				
shows: (was D.O decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS Flower St. Elevine 1422 Light St. Rolto Md				
N > D >	III TO	Flynn & Fleming, 1422 Light St., Balto.Md				

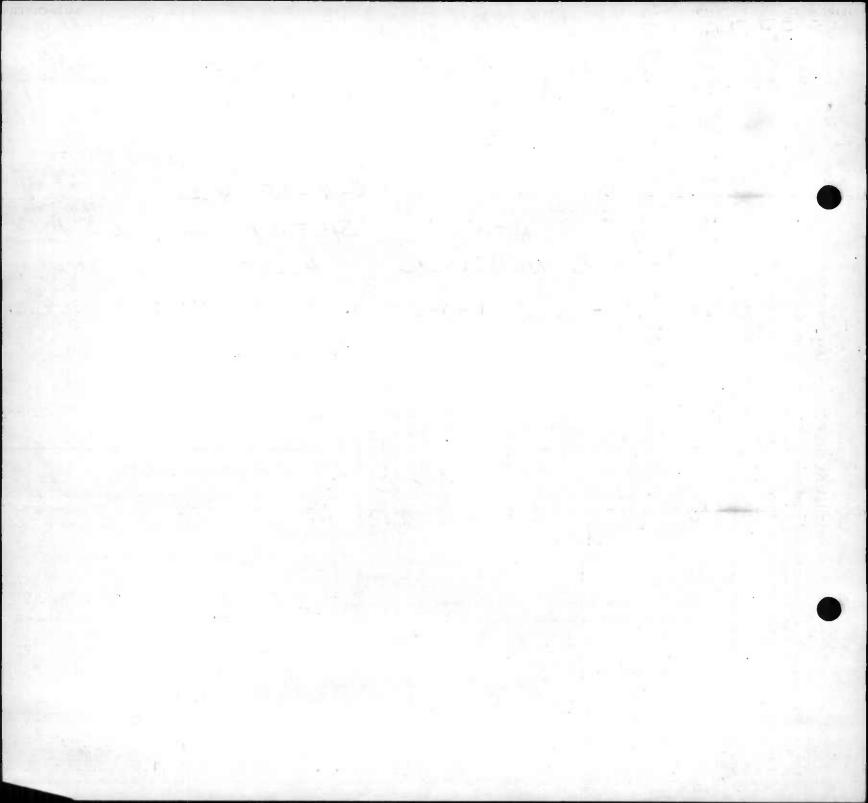


VS 150-REV. 1/1/6B

1968

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1	68- 1177 BALTIMORE CITY	HEALTH DEPARTMENT 68- 1177			
2	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.			
	I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH			
	(Type or Print) JOSEPH C. NIEDZW	1CK 25 Jon 68 4 35/8.M.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	C. CITY, OR TOWN D. INSIDE CITY LIMITS?			
	Mercy Hospital	Salto, YES NO			
ė	31	8305. LUZGRNEAUG			
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9, AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
2	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
sposition	done during most of working life, even if refired) Bottler RETREE	BALTIMORE MO. U.S.A.			
posi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ITELEN / LICINSKA 17. INFORMANT ADDRESS			
final	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO - 2114-01-9302A	Mr.Casimir Niedzwick,7705 Wynbrook Rd			
or	18. CAUSE OF DEATH	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY	O SELMEEN ONSELAND DEATH			
peu	LEADING TO DEATH	ISE (mounoud			
E		A CONSEQUENCE OF:			
nbal	injury or complication which coused death.)				
e m	ANTECEDENT CAUSES (B)	A CONSEQUENCE OF:			
are	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS rise to the obove couse (A) stoling the	A CONSEQUENCE OF:			
ıns	UNDERLYING CONDITION IOSI. (E)				
remains	493 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	chartie ardio Vareuley)			
re		ellore group vareatery			
the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i) OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	// (If in Boltimore City, give exact location)			
	DEATH (notify medical examiner) etc.)				
ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?			
btai	22. I certify that (\$\frac{1}{2}\$ (this hospital) attended the deceased from				
0	that (we) last sow the deceased alive on 25 mm	1968 ond that in (our) opinion death occurred on the date			
st b	and hour and from the causes stated above. (*) (We) (did) (and new)	riew the bady ofter deoth.			
must	237 SIGNATURE	ending Med. Shoff TO 23 B. DATE SIGNED			
	COLUMN DEGREE Phys				
approval	NAME (Type)	MERCY HOSP			
apl	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (SIX) (Stote)			
en	Burial 1/29/68 Holy Rosary	Baltimore, Maryland			
=	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS			
3	JAN 30 1968 R. C. R. E. Fallentia	M.F.SADOWSKI & SONS, 1808 EASTERN AV			



Decease

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VS 150-REV. 1/1/68

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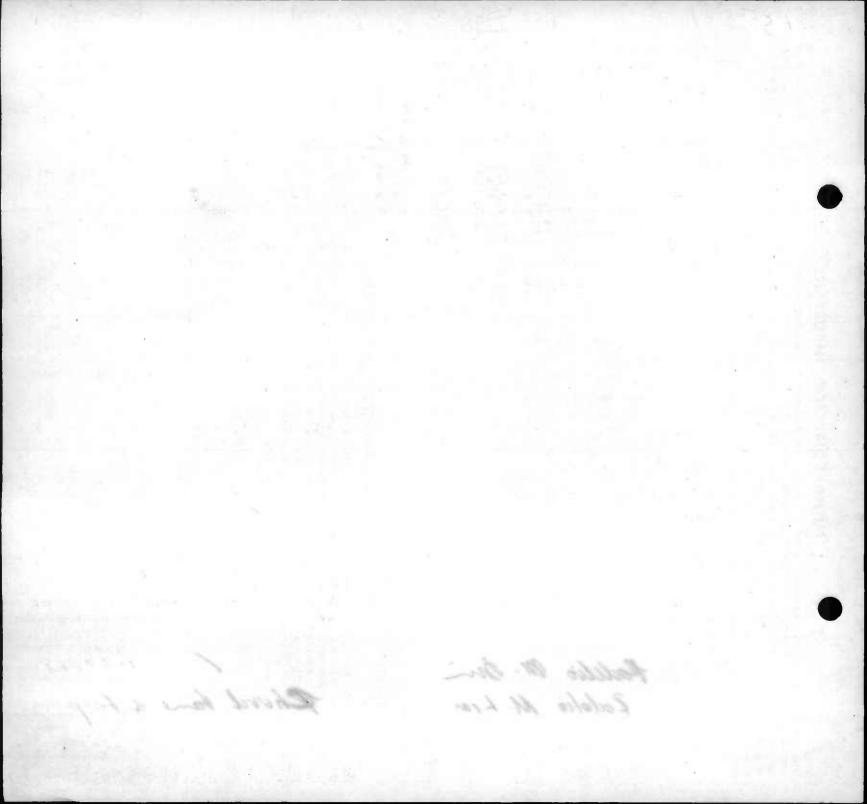
he body was released

shows: (1)

certificate must

68- 1178 CERTIFICA	ATE OF DEATH REG. NO.	}
KS MR ERNEST W	2. DATE AND HOUR OF DEATH	
ND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: re A. STATE B. COUNTY MD VSA	eside
ATTO HOSSITAL	C. CITY OR TOWN BALTINITE D. INSIDE CITY LI	
BIND HOUSE INC	E. STREET AND NUMBER	7)

BIRTH NO 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE MARYLA FULL NAME OF (IF NOT IN I HOSPITAL OR NO EHVIZCH HODIE Northern-PKWy disposition is made 5. SEX 9. AGE (In years If Under 24 Hrs. . RACE MARRIED NEVER MARRIED Months Doys Hours WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) USA Vlenuel worder Gas & Electric Co. 14. MOTHER'S MAIDEN NAME cullenelies ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL final SECURITY NO. 4115 norther Books wife W 272-05-6496 Yes CAUSE OF DEATH 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. Il means the disease, Pulmmary disease, Chronic Bronchills injury or complication which coused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: Pressonic USHO, CiH, Canor of lasys are DISEASES OR CONDITIONS, if ony, giving the obove couse (A) UNDERLYING CONDITION lost. the remains 502.1 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Day) (Year) 21F. HOW DID INJURY OCCUR? (Hour) 21 E. INJURY OCCURRED OF INJURY Not While While At (APPROX.) Work At Work 22, I certify that (1) (this hospital) attended the deceased from and that in(my) (our) opinion death occurred on the dote that (1) (we) last sow the deceased alive on. must and hour and fram the causes stoted above. (1) (We) (did) (did not) view the body after deoth. 238, DATE SIGNED 23A. SIGNATURE 1-27-68 Attending Med. Staff Phys. Director written approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 4C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 68 Lorraine Cemetery 258. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR



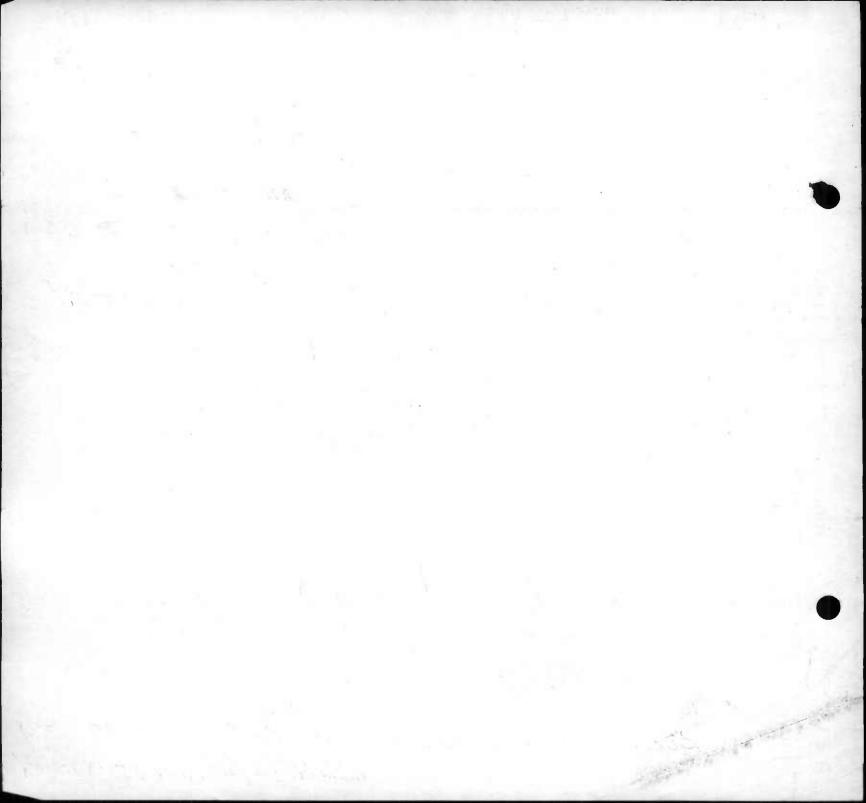
Such and of death (4) Undetermined cause; (5) Deceased BIRTH NO. 2. DATE AND HOUR OF I. NAME OF DECEASED Type or Print) LO a hospital death. RESIDENCE (Where deceased B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance MARYLAND cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN MG11 prior STREET AND NUMBER contributing occurred NSR made regular 5. SEX 9. AGE (In 6. RACE B. DATE OF BIRTH MARRIED NEVER MARRIED deceased lost birthdoy WIDOWED 11. BIRTHPLACE (State or foreign country IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY disposition done during most of working life, even if retired) HOUSEWIFE LAWARE a s 13. FATHER'S NAME assistant eath 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor ar dates of service) 6. SOCIAL final SECURITY NO. attendance any CAUSE OF DEATH pronounced 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, osthenia, etc. It means the disease, chief medical examiner regular injury or complication which caused death.) ANTECEDENT CAUSES are OR AS A CONSEQUENCE OF DUE TO DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the where the physician UNDERLYING CONDITION last. obtained before the remains No physician was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 8 WAS PERFORMED the 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If I to the hospital MEDICAL DEATH (notily medical exominer) nature; by 21 D. TIME (Hour) 21F. HOW DID INJURY OCCUR (Manth) (Doy) (Year) 21E, INJURY OCCURRED (9) pub OF INJURY (except Not While While At (APPROX.) At Work Work 1968 22. I certify that (1) (this haspital) attended the deceased fram pe that (1) (we) last saw the deceased alive an death) hospital certificate must be and haur and from the causes stated above. (41) (We) (did) (did not) view the bady after death. must he body was released 23A SIGNATURE Attending Staff prior to Phys. Director L written approval 8 PHYSICIAN'S 23D. ADDRESS ā NAME (Type) 6 4 24A. BURIAL CREMATION, 24C, NAME of CEMETERY OF CREMATOR 24D. LOCATION eceased 0.0 REMOVAL (Specify, Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTO Ō VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG.

NO. 68- 1179			
DEATH DE			
D. INSIDE CITY LIMITS?			
YES NO NO			
21212.			
If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.			
₹, U.S.A.			
and -			
410 Hopkins Rd			
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3045. #2 RRO			
AILURE.			
S, WERE FINDINGS CONSIDERED FING CAUSES OF DEATH?			
n Boltimare City, give exoct lacotion)			
?			
1/23 1968.			
aur) apinian death accurred an the date			
23B. DATE SIGNED 1 23 60			
(City, tawn, at caunty) (Stote)			
ADDRESS			



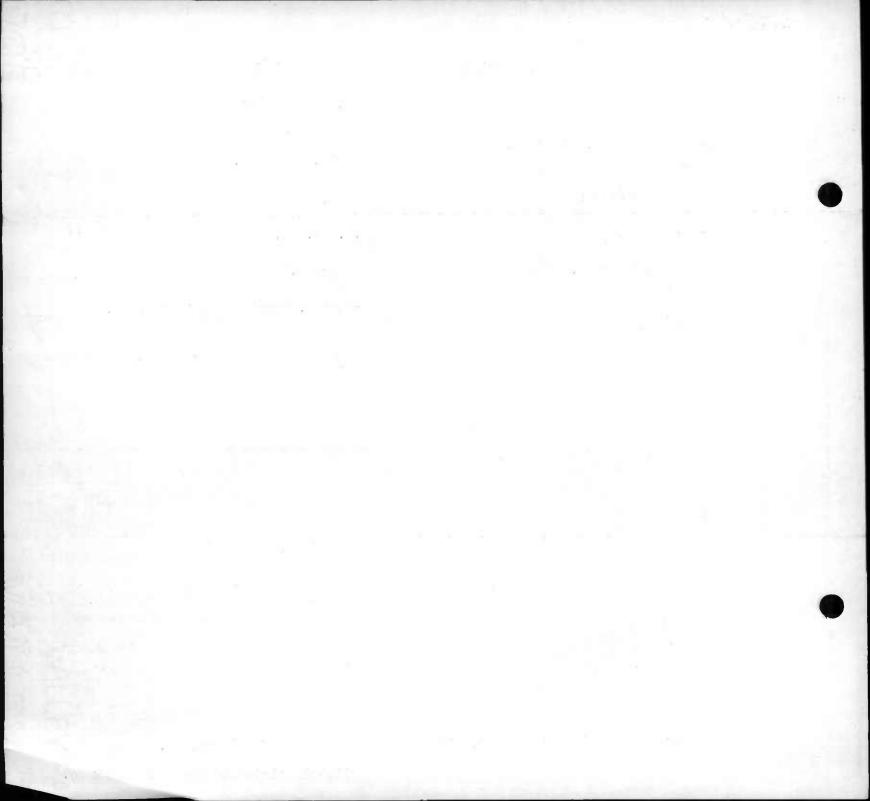
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BALTIMORE CITY HEALTH DEPARTMENT

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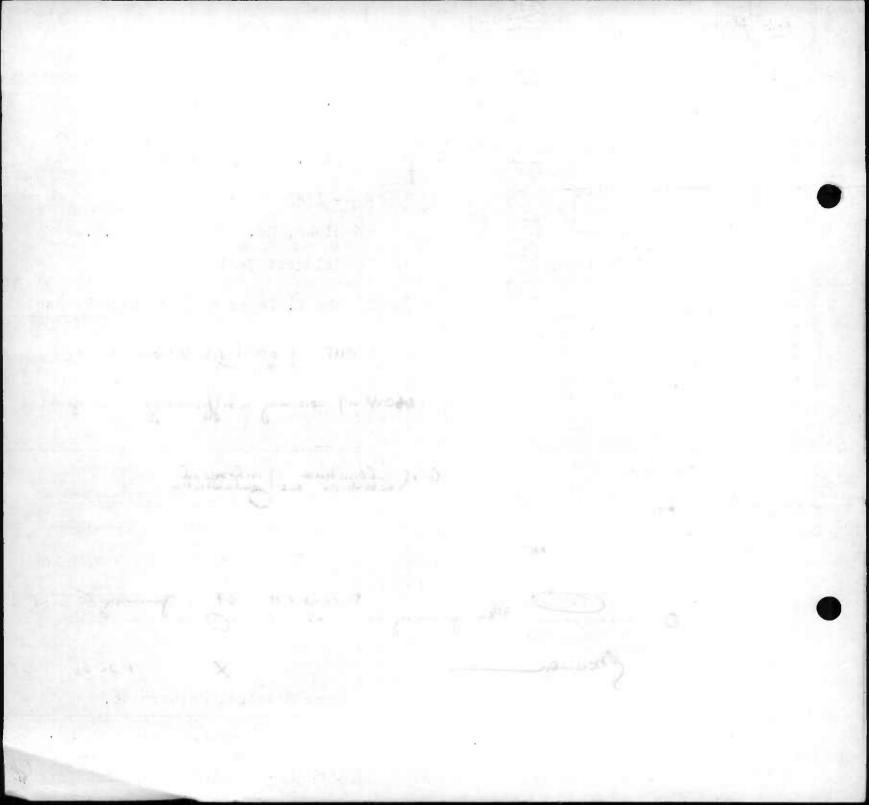
CERTIFICA	TE OF DEATH REG. NO.				
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH //20				
(Type or Print) Maud S. Carrigan	1/26/1968 // -Am.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. Baltimore 77-13				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
NA THE REAL PROPERTY OF THE PR	Baltimore YES X NO NO				
730 St. Johns Rd.	E. STREET AND NUMBER				
	730 St. Johns Rd.				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.				
Female WHITE WIDOWED DIVORCED	May 26, 1898 69				
16A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)	A.A. Co. Md. U.S.A.				
Retired Sect. 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
D II D	7 0				
Rev. Henry R. Savage	Lucy O. Chaney 17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	TO INTONIONAL				
NO 218 28 1399	Robert S. Carrigan Abington, Md.				
18. 4/0. 9 I CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	My 10 10 1 15 15				
(This does not mean the made of dying, e.g.,	USE MYO Cardial Infantion 48 hos				
heart failure, osthenia, etc. It means the disease,	A CONSERUENCE OF:				
injury or complication which caused death.)	V				
(B)	ANTECEDENT CAUSES (B)				
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the obove couse (A) stating the	A CONSEQUENCE OF:				
HARPERI VIALO COMPUTION I					
- 420.1 II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SASE OR CONDITION GIVEN IN PART 1 (A).					
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED				
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID (If In Baltimare City, give exact location)				
OR CONTRIBUTING CAUSE OF hame, farm, factory, street, o	ffice bldg., INJURY OCCUR?				
O	21F. HOW DID INJURY OCCUR?				
S OF INJURY					
(APPROX.) Work At Work					
22. I certify that (1) (this haspital) attended the deceased fram	19 to 19 00,				
that (1) (we) last saw the deceased alive an	19 08 and that in(my) (our) opinion death accurred on the date				
and have and from the causes stayed above; (1) (We) (did) (did not)	view the bady after death.				
23 A. SIGNATURE	23B, DATE SIGNED				
OF THE Kneck / O Atte	ending Med. Staff Phys. 1				
GENTLE .	23D. ADDRESS				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR					
REMOVAL (Specify)					
Burial 1/29/1968 Mt. Olivet 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Baltimore, Md.				
JAN 30 1968 A O By Sta Out MA					
CITIL BO 1900 (1) KEND C. TOWN	Mitchell Wiedefeld Home 6500 York Rd.				
V\$ 150-REV. 1/1/68					



a hospital

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIRTH NO.	le le	- 1404	BALTIMORE CITY	The state of the s		68- 1181
	00	7101	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DEC	EASED	V/		2. DATE A	ND HOUR OF DEATH	1
(Type or Print)	Kather	ine do	900		5/1968	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Whe	ere deceosed lived. If	institution: residence before odm
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	N. GIVE STREET	Md. Ba	ltimore(53.00
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
	11 1	1 . ,	,	Towson		YES NO NO
37	Mercy A	Lospita	/	301 W. Che	sanoako As	70
Female	White	WIDOWED	DIVORCED [6. DATE OF BIRTH 4 4- 1883	9. AGE (In years lost birthday) 84	If Under 1 Yr, If Under 2 Months Doys Hours
	JPATION (Give kind of wark working life, even if retired)	108. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT CO
Retired				Ashland, Md	•	U.S.A
13. FATHER'S NA	ΛE			14. MOTHER'S MAIDEN NA		
	Luke Logan			Bridgett H	Healy	
15. Was Deceased	Ever in U. S. Armed For	ces? 16.	SOCIAL	17. INFORMANT		ADDRESS
No	(If yes, give war ar dote		13 48 7093	John E. Los	ean 5103	Springlake Way
18. 44	0 0 11 1		CAUSE OF DEAT		5-41 2400 1	APPROXIMATE INTE
1 / /	E OR CONDITION DI	DECELLA O				BETWEEN ONSET AND
DISEAS	LEADING TO DEATH	RECILY		aut a at	0 11 11 1	ion 2 mos.
(This does n	al mean the made of	dvina ea	(A) IMMEDIATE CAL	A CONSEQUENCE OF: & a	ou film was	low 2 mas,
heart failure,	asthenia, etc. II means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF: 9 A	nur()	
injury or con	plication which caused	death.)				
	ANTECEDENT CAUSES		(B) AACI	A CONSEQUENCE OF:	in sulficione	4, sw years
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	10	8
	abave cause (A) G CONDITION last.	staling the	(c)			
420.1	11		(0/			
Z	II CANT CONDITIONS CO	NTPIRITING	4	Λ	. ^ ^	
		HE TERMINAL	Ca of en	6/A M	will amount of the	
TO THE DEAT	H BUT NOT RELATED TO THE		A Aug S	Cometum of a	The state of the s	
TO THE DEAT	OPERATION 198 CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes of No		FINDINGS CONSIDERED
TO THE DEAT	OPERATION 198. CON	DITION FOR WHI	CH OPERATION	tratages and		FINDINGS CONSIDERED AUSES OF DEATH?
TO THE DEAT DISEASE OR C 19 A. DATE OF	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI	FORMED 218. PLA	ACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes of No	IN CERTIFYING C	
TO THE DEAT DISEASE OR C 19 A. DATE OF 21 A. A CCIDE! OR CONTRIBL	OPERATION 19B. CON WAS PERI	FORMED 218. PLA	ACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes of No	IN CERTIFYING C	AUSES OF DEATH?
TO THE DEAT DISEASE OR C D D D D D D D D D D D D D D D D D D D	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING ITING CAUSE OF medicol examiner)	218, PL/ hame, 1	ACE OF INJURY (e.g., a orm, factory, street, a	20A. AUTOPSY? (Yes of N. in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Baltima	AUSES OF DEATH?
TO THE DEAT DISEASE OR C D DISEASE OR C D D D D D D D D D D D D D D D D D D D	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF	218. PL/hame, (etc.)	ACE OF INJURY (e.g., orm, factory, street, o	20A. AUTOPSY? (Yes of Note of	(If In Baltima	AUSES OF DEATH?
TO THE DEAT DISEASE OR CO. 179A. DATE OF CONTRIBL DEATH (notify) 21 A. A CCIDE! OR CONTRIBL DEATH (notify) 21 D. TIME OF INJURY (APPROX.)	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING ITING CAUSE OF medicol examiner) (Month) (Doy) (Year)	218. PL/hame, 1 etc.) (Hour) 21E, IN. While Work	ACE OF INJURY (e.g., a arm, factory, street, a livery occurred at Mat Whit At Work	20 A. AUTOPSY? (Yes of N. in ar obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltime	auses OF DEATH?
TO THE DEAT DISEASE OR CO 199A. DATE OF OR CONTRIBL DEATH (notify OF INJURY (APPROX.) 22. I certify	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medicol examiner) (Month) (Doy) (Year)	(Hour) 21E, IN. While Work	ACE OF INJURY (e.g., a arm, factory, street, a street, a large of the street, a large of th	20A. AUTOPSY? (Yes of Notice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If In Baltime	auses of Death? ore City, give exact location)
TO THE DEAT DISEASE OR CONTRIBLE OR CONTRIBLE DEATH (notify OF INJURY (APPROX.) 22. I certify	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medicol examiner) (Month) (Doy) (Year)	(Hour) 21E, IN. While Work	ACE OF INJURY (e.g., a arm, factory, street, a street, a large of the street, a large of th	20A. AUTOPSY? (Yes of Notice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If In Baltime	auses of Death? ore City, give exact location)
TO THE DEAT DISEASE OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (1) (we)	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING DITING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (1) (this hospital lost saw the decease	218. PL/hame, (etc.) (Hour) 21E, IN. While Work	JURY OCCURRED Not While At Work Deceased fram	20A. AUTOPSY? (Yes of No. 1) are obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ	(If In Baltime	auses OF DEATH?
TO THE DEAT DISEASE OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (1) (we)	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI WAS UNDERLYING DING CAUSE OF medicol examiner) (Month) (Doy) (Year) thot (1) (this hospitol lost saw the deceose I from the couses state	218. PL/hame, (etc.) (Hour) 21E, IN. While Work	JURY OCCURRED Not While At Work Deceased fram	20A. AUTOPSY? (Yes of Notice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If In Baltime	auses of Death? ore City, give exact location)
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TO THE DEAT DISEASE OR CO 199A. DATE OF CONTRIBL DEATH (notify OF INJURY (APPROX.) 22. I certify that (1) (we) ond haur and 23A. SIGNATU	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING ITING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (I) (this hospital lost saw the deceose of from the couses state RE	218. PL/hame, (etc.) (Hour) 21E, IN. While Work	JURY OCCURRED At Work Accessed fram (e) (did) (did not) v	20A. AUTOPSY? (Yes of Notice bldg., INJURY OCCUR? 21F. HOW DID INJury Occur? 21F. HOW DID INJury Ond the price of the body ofter deoth.	(If In Baltime	auses of Death? Dire City, give exact lacation) 19 (Junior death occurred an the
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TO THE DEAT DISEASE OR CO. 199A. DATE OF 199A. DATE OF CONTRIBLE DEATH (notify DEATH (notify CAPPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) ond haur and 23A. SIGNATU	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING DING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (1) (this hospital lost saw the decease of from the couses state RE RE RE RE RE RE RE RE RE RE RE RE R	(Hour) 21 E. IN. While Work W	ACE OF INJURY (e.g., or	20A. AUTOPSY? (Yes of Notes) in or obout 21C. WHERE DID find the injury occur? 21F. HOW DID INJury occur? 21F. HOW DID INJury ond the injury of the body ofter deoth. 23D. ADDRESS Mercy Hosp	IN CERTIFYING C. (If In Boltimo IURY OCCUR? 19 7 to open in (my) (our) open in (my) (o	auses of Death? ore City, give exact location) finian death occurred an the location of the
TO THE DEAT DISEASE OR CO 119A. DATE OF OR CONTRIBL DEATH (notify OF INJURY (APPROX.) 21 Certify that (1) (we) ond haur and 23A. SIGNATU 24A. BURIAL CRE	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (I) (this hospital lost saw the decease of from the couses state RE ONCOLORS N'S ype)	(Hour) 21 E. IN. While Work Ly ottended the ced olive an way ted obove. (I) (V	ACE OF INJURY (e.g., a arm, factory, street, a arm, factory, a arm, factory, street, a arm, factory, s	20A. AUTOPSY? (Yes of Notes) in or obout 21C. WHERE DID find of the INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJury Occurs 19 ond the View the body ofter deoth. 23D. ADDRESS Mercy Hosp EMATORY 24D. L	IN CERTIFYING C. (If In Boltimo IURY OCCUR? 19 7 to open in (my) (our) open in (my) (o	auses of Death? ore City, give exact location) inian deoth occurred an the 238 DATE SIGNED 1-24-62 ert St. City, tawn, or caunty) (S
TO THE DEAT DISEASE OR CO 179A. DATE OF 179A. DATE OF CONTRIBLE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) ond haur and 23A. SIGNATU	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (I) (this hospital lost saw the deceose of from the couses state RE OPERATION, 24B. DATE ippecify)	(Hour) 21 E. IN. While Work Ly ottended the ced olive an way ted obove. (I) (V	ACE OF INJURY (e.g., or	20A. AUTOPSY? (Yes of Notes) in or obout 21C. WHERE DID find of the INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJury Occurs 19 ond the View the body ofter deoth. 23D. ADDRESS Mercy Hosp EMATORY 24D. L	IN CERTIFYING C. (If In Boltimo IURY OCCUR? 19 7 to open in (my) (our) open in (my) (o	auses of Death? ore City, give exact location) finian death occurred an the location of the
TO THE DEAT DISEASE OR CO 19A. DATE OF 19A. DATE OF OR CONTRIBL DEATH (notify (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) ond haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (I) (this hospital lost saw the deceose of from the couses state RE OPERATION, 24B. DATE ippecify)	(Hour) 21 E. IN. While Work Ly ottended the ced olive an way ted obove. (I) (V	JURY OCCURRED Not Whith At Work deceased from	20A. AUTOPSY? (Yes of Notes) in or obout 21C. WHERE DID find of the INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJury Occurs 19 ond the View the body ofter deoth. 23D. ADDRESS Mercy Hosp EMATORY 24D. L	IN CERTIFYING C. (If In Baltimo URY OCCUR? 19 10 00 and in (my) (our) op Shaff Phys. ital Calv OCATION 10 Texas,	auses of Death? ore City, give exact location) inian deoth occurred an the 238 DATE SIGNED 1-24-62 ert St. City, tawn, or caunty) (S
TO THE DEAT DISEASE OR CO 19A. DATE OF 19A. DATE OF CONTRIBLE DEATH (notify (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) ond haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (I) (this hospital lost saw the decease of from the couses state RE ONCOLUMN N'S ype) MATION, 24B. DATE 2/1/19 BY HEALTH DEPT.	218. PL/hame, letc.) (Hour) 216. IN. While work 1) ottended the ced olive an water dead obove. (I) (V	JURY OCCURRED At Work Acce of INJURY (e.g., a) Aut Whith At Work At Work Acceased fram At Work Acceased fram Acceased	20A. AUTOPSY? (Yes of Noting or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond the view the body ofter deoth. 23D. ADDRESS Mercy Hosp EMATORY 24D. L 28C. FUNERAL DIRECTOR	IN CERTIFYING C. (If In Boltimo IURY OCCUR? 19 10 10 10 10 10 10 10 10 10 10 10 10 10	auses of Death? Dire City, give exact location) Inion deoth occurred an the location of the
TO THE DEAT DISEASE OR CO 19A. DATE OF 19A. DATE OF OR CONTRIBL DEATH (notify (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) ond haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI NT WAS UNDERLYING DING CAUSE OF medicol examiner) (Month) (Doy) (Year) that (1) (this hospital lost saw the decease of from the couses state (RE CAUCO N'S Specify) 2/1/19 BY HEALTH DEPT. AN 30 1968	218. PL/hame, letc.) (Hour) 216. IN. While work 1) ottended the ced olive an water dead of the ced obove. (I) (V	JURY OCCURRED At Work Acce of INJURY (e.g., a) Aut Whith At Work At Work Acceased fram At Work Acceased fram Acceased	20A. AUTOPSY? (Yes of Noting or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond the view the body ofter deoth. 23D. ADDRESS Mercy Hosp EMATORY 24D. L 28C. FUNERAL DIRECTOR	IN CERTIFYING C. (If In Boltimo IURY OCCUR? 19 10 10 10 10 10 10 10 10 10 10 10 10 10	auses of DEATH? ore City, give exact location) 19 (Innian deoth occurred an till 23B. DATE SIGNED 1-2-62 ert St. City, town, or county) Md.



68- 1182 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG. NO
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68-	1182

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) HARRY E. BOYD	2. DATE Known X Month Day Year Hour OF DEATH Estimated Annuary 29, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	January 29, 1968 1:55 A.M. S. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
1701 Describa Road 21230	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN DUNSIDE CITY MITS?
Male White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10, AGE (In years It Under 1 Yr. It Under 24 Hrs.	E. STREET AND NUMBERS OLO
10/11/91 last birthday) Months, Days, Hours, Min.	1701 Deserve Road 21230
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Colorado WHAT COUNTRY? USA	William Boyd
14A.USUAL OCCUPATION (Give kind of work) 14B. KINDTOE BY SINE S OR INDUSTRY	
Stationery Engineer Beth. Shipbuilding	Jennie Herron
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na ar unknown) (If yes, give war ar dates of service) Yes WWI 215-05-5276	Mrs. Nellie M. Boyd, 1701 DeSoto Rd., 21230
19. 412 9 1 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	sclerotic cardiovascular disease
(A)IMMEDIATE C	AUSE
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
CC)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	
✓ 22Å. FXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.,	No
	in or about 22C. WHERE DID (If In Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WORK AT W	WHILE
23.	tapsy and that on this bosis, death in my opinian
resulted from: Natural causes X Accident Suicid	
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MAN TO M.D.	ASSISTANT MEDICAL EXAMINER K
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER January 29, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, ar county) (State)
Burial 1/31/68 Loudon Park (Cemetery RxxxxxmxxRxxx Balto., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 30 1968 R. C. R. E. Fr. Chara	
The same of the sa	

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-	68- 1183 BALTIMORI	E CITY	HEALTH DEPARTMENT		
BIR	TH NO. CERTIF	ICA:	TE OF DEATH	Registered No	68-1183
	E. CASE NO. NAME OF DECEASED			HOUR OF DEATH	
	LARSON. MARY MAUDE			ARY 28 , 1	968 6:35P
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		1	deceased lived. If ins	titution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION		MARYLAND C. CITY OR TOWN (If outs	side city limits, write R	URAL ond give township)
1	ST. AGNES HOSPITAL		D. STREET ADDRESS	urol, give locotion	
1	WILKENS & CATON AVES.	4		IEW AVE.	
11-	FEMALE WHITE WIDOWED		8. DATE OF BIRTH 9	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	OUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
do	NONE Retired Cashier		MARYLAND		U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	JOHN S. CURLE		PAULINE 16/04		
1.5. (Y.	Was Deceased Ever in U. S. Armed Forces? as,no or unknown (If yes, give wor or dotes of service) NO		17. INFORMANT	BAL	TO., AMD: 21229
	101-1X6-			CORDS-WIL	KENS &CATON AVES
	10017		DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	Meta	static Welgow	en Tute, tin	l l
	(This does not mean the mode of dying, e.g., DUE) heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.)	ΤΌ	static Jurlegnow bral arterescler		000
	ANTECEDENT CAUSES (B)	Cener	oral anterioder	'ns	
	DISEASES OR CONDITIONS, if any, giving				
	rise to the above cause (A) stoting the (C)			00 +0 +00 + 000 00 00 00 00 000 000 000	000000 0000000000000000000000000000000
	153.9			-	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
0	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	N	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		NO	IN CERTIFYING CAL	ISES OF DEATH?
C AL C	OR CONTRIBUTING CAUSE OF home, form, foctory, st		or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
100	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURR	ED	21F. HOW DID INJU	JRY OCCUR?	
2		ot While			
	22. I certify that (I) (this haspital) attended the deceased from	m DE	CEMBER 20 1	967 to JAN	UARY 28 19 68,
	that (I) (we) lost saw the deceosed olive an JANUARY		19.68 and the		ion deoth accurred on the date
	and haur and from the causes stated above. (1) (We) (did) (did	not) vl	lew the bady ofter death.		
	23A. SIGNATURE				238. DATE SIGNED
	Konwaldo F. Sktw M.	Phys	Director	Stoff Phys.	01-28-68
	23C. PHYSICIAN'S NAME (Type) Lowwaldo R. Dator		BID. ADDRESS	TON AVE	DALTO 21220
	ROMINION R DATOR	M.D.	WILKENS & CAT		
124	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CRE	MAIORY 24D. LC	OCATION (Cit	y, town, or county) (State)
	Burial 1/31/68 Loudon Park	Ceme		Baltimore	Md.
25	JAN 3 0 1968 P. D. B E. Farkey	A.A.	Howard H. Hub	bard, 4107	
L	150-REV. 1/1/65	-	110,100	, , , , , ,	

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	00 15						
This certifithe body vshows: (1) was D.O.A	FUNERAL DIRECTOR: IMPORTANT SPERKE, MICHAEL	cate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	vas released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	at a hospital (except where the physician who pronounced death was in regular attendance on the	prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
		This certificate must t	the body was release	shows: (1) An acciden	was D.O.A. at a hosp	deceased prior to dec	

-16	2 6	8- 11	04	CITY HEALTH DEPA		REGINO	\$ 68-	1184
BIRTH NO.			CERTIFIC	CATE OF D	EATH	KEGINO) 00	1104
Type or Print)	Michael C.	Sper	Ke		2. DATE AN	D HOUR OF DEA	968	9:30 A
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RES	B. COUN	re deceosed lived.	If institution:	residence before admission
FULL NAME O HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	TION, GIVE STREET	MARY C. CITY OR TO		BALT D.	INSIDE CITY	53-00 LIMITS?
22	THE JOHNS BALTIMORE,			E. STREET AN	MORE D NUMBER		YES	NOV
2)				205	CHODEA	NIZ AVE		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIL	RTH	9. AGE (In years	If Und Months	er 1 Yr. If Under 24 H
MALE	WHITE	WIDOWED			2	56		
	CUPATION (Give kind of world working life, even if retired) tter	Constru		Pennsy.		gn country)	12, CI1	IZEN OF WHAT COUNT
13. FATHER'S N	AME			14. MOTHER'S		ME		
ALB	ERT SPERKO			MAR	Υ			
15. Wos Deceos	ed Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMAN	T			ADDRESS
No	jes, give wor or dore	- 0. JUITICE/	193-07-66	74 Mrs. Ma	ary Spar	ko 205	Chonte	nk Avenue
1B. /	21/1		CAUSE OF DE			20)	on op our	APPROXIMATE INTERVAL
	ASE OF CONDITION DI	RECTLY	1/1	otosto t	ic 1	ronchod	Main	BETWEEN ONSET AND DEA
(This does	LEADING TO DEATH	duta -	(A) IMMEDIATE	CAUSE		roncriod	Conc	18 mont
heart failure	not mean the made of e, asthenio, etc. It means	the disease,	DUE TO, OR	AS A CONSEQUENC	E OF : NO	ma	,	
injury or co	amplication which coused							
DISEASES	ANTECEDENT CAUSES		(B)	AS A CONSEQUEN	CE OE.			
rise to	OR CONDITIONS, ii	stoting the	DGE 10, OR	AS A CONSEQUEN	CE OF:			
	NG CONDITION lost.		(C)					
TO THE DE	III IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMINAL		~ = = = = = = = = = = = = = = = = = = =				
	OF OPERATION 198. CON WAS PER	IDITION FOR W	HICH OPERATION	20 A. AUTOP	SY? (Yes or No	20B. IF YES, WI	RE FINDING CAUSES OF	S CONSIDERED DEATH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF		PLACE OF INJURY (e., form, foctory, street	g., in or obout 21 C. V , office bldg., INJUR	VHERE DID	(If in Bolt	imore City, gi	ve exoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?		
OF INJURY		Whill	e At Not At W	Vhile				
22	y that (1) this hospital					968 to	Jan.	28 1968
	e) lost sow the deceose		San. 28		9			
		-				of In my (our)	opinion de	oth occurred on the d
23A, SIGNAT	nd from the causes stor	red obove.	(we) (bid) (did no	t) view the body	offer deoth.		23B. DA	ATE SIGNED
J	ohn Du	ales		Phys. \Box	Med. Director	Shaff Phys.	-	n. 28, 196
NAME	John D	· G	na ber DEG	23D. ADDRESS	hns	Hoy	Kins	Hosp.
24A. BURIAL CE	REMATION, 248. DATE	24C. NA	ME of CEMETERY or		24D. Le	DCATION	(City, town,	or county) (Stote)
Burial	2-1-196	8 St.	Stanislaus	3	Bal	timore, M	aryland	3
25A. DATE REC	ANI O O AMOO O	25B. NAME O		25C. FUNER	AL DIRECTOR			ADDRESS
J	AN 30 1968 (P	D. 8-8	Fr. augus	титта	& Zeile	r inc. 1	901-07	Eastern Ave.
S 150-REV. 1/1	/6B		7					

ment statement of o o Co Jan 23 John Sink June Tohns Hopkins Hope THE REPORT OF THE PARTY OF THE

	00-1100	Y HEALTH DEPARTMENT ATE OF DEATH Registered No. 68-1185
	M.E. CASE NO.	
	Type of Finn	mine) 2. DATE AND HOUR OF DEATH
	PLACE OF DEATH IN BALTIMORE MARYLAND	1-26-68 1 Am.
	S. PLACE OF DEATH IN BALTIMORE, MARTLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR Oddress or location)	Maryland Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	33	Baltimore
	The Johns Hopkins Hospital	D. STREET ADDRESS (If Iurol, give locotion)
		2401 Eutaw Place
	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Female White Widowed	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 6/2/05 62 If Under 1 Yr. If Under 24 Hrs. Months Doys Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
11	done during most of working life, even if retired) Housewife Own Home	Baltimore, Maryland
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ш		
	Michael Dongowski	Catherine Turkowski
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	No 215-16-5139	Melvin J. Carmine 5532 Cedonia Avenue
	18. 1 4 6 . O 1 CAUSE O	DE DEATH INTERVAL BETWEEN ONSET AND DEATH
Ш	DISEASE OR CONDITION DIRECTLY	ONSEL AND DEATH
	LEADING TO DEATH	evere Intra-oral hemorrhage 10 min
Н	(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
	injury or camplication which caused death.)	un prisación canot il autou 1-2 months
	ANTECEDENT CAUSES (B)	WI FINASINIS CALVIII WIISKY IN MUSIK
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	amous cancer, fonsil 6-8 months
	145.0	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	A DISEASE OR CONDITION CAUSING II.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING/CAUSES OF DEATH?
	S) Nine	YES NO
	U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., i orm, loctory, street, or DEATH (notify medical exomine)	in at about 21°C. WHERE DID (If in Boltimore City, give exact location) Injury occur?
1	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Work At Work	
	22. 1 certify that (1) (this hospital) ottended the deceased fram	1 10 11 11 101
	that (I) (we) last saw the deceased alive on	1968 to 1-16 1968,
Ш		
li	and have and from the causes stated abave. (I) (We) (did) (did not)	
11	23A. SIGNATURE	ending Med. Stoff 2
11	heon Craco 190 Phy	s. Director Phys. 7-16-68
	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
	Leon Clarks M.D.	The Johns Hopking Hosp
	24A. BURIAL CREMATION, 248 DATE 1968 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town or county) (State)
	Burial St. Stanislaus	Balt MI 2120E
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	JAN 30 1968 R. O. F. C. I. D. W.	Lilly & Zeiler Inc. 1901-07 Eastern Ave.
IF	/s 150-REV. 1/1/65	Dirth & Teller Inc. Thoract Espein Mac.

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68- 1186 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

68-	1186
	TT00

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ARCHIE THOMAS	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted M January 29, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted W January 29, 1968 M. 3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 29, 1968 12:59 AM
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
20 S. Carlton Street	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE ATT LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min	
1/12/04 lost birtled cv) Months Doys Hours Min	20 S. Carlton Street
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
South Caro lina UWHAS COUNTRY?	?
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired)	?
Stevedore Old Bayline 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Was Catharina Mallinson
no 217 -09 -53	
7/2/01	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hyperter	nsive and arteriosclerotic
LEADING TO DEATH (A)IMMEDIATE	
heort toilure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (9)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OF	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OF THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	No
	., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ice bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	te plag., etc.) INJORT OCCOR:
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	T WHILE
m. WORK AT	WORK
I certify that I held an Inquiry Inspection X A	utopsy ond that on this bosis, death in my opinion
resulted from: Notural causes (A Accident L) Suici	de Homicide Undetermined monner
ACTUAL (CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CAN'S D. J. J. M.	D. ASSISTANT MEDICAL EXAMINER LX
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 29, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER'S REMOVAL (Specify)	f or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Deced 3 0/2 // 35 0/2 // 3	cy Cemetry A A County Md
25A. DATE REC'D BY HEALTH DERICO 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
1300 Olobe & Fallina	Adolphus Halstead 1206 W North Ave
	Mother Harronger Troo M Moth WAS

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property contracts and and a made of

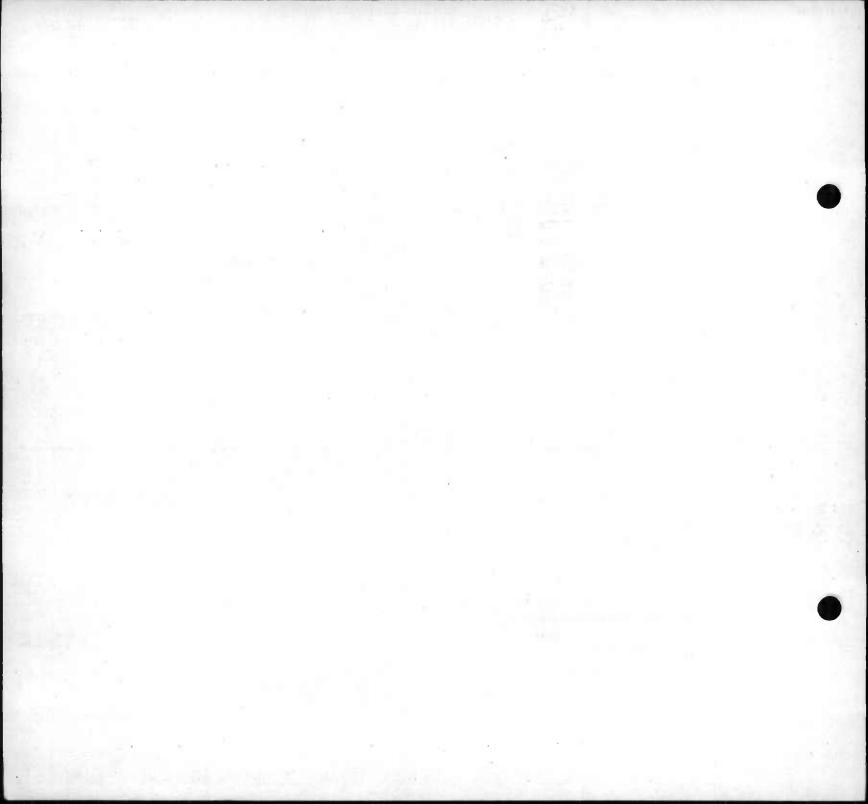
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JAN VS 150-REV. 1/1/6B

	00	- 440	7	ITY HEALTH DEP		DEC NIC	. (70 11
BIRTH NO.	00	TIO	CERTIFIC	ATE OF [DEATH	REG. NO		8- 11
Type or Print)	CEASED				2. DATE AN	ND HOUR OF DE	ATH	
	Colbert	P. Bris	coe		1-2	23-68		
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RE	B. COUN	ere deceased lived NTY	. If institution:	residence before
FULL NAME O	(IF NOT IN HOSPIT	AL OR INSTITUTI	ON. GIVE STREET	Md.			16	-0/
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TO	WN	D.	INSIDE CUY	LIMITS?
				Balto) .		YES X	NO
00	1213 Mosher	St.		E. STREET AN	D NUMBER			
00	121) 11051101	50.		1213	Mosher	r St.		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BE	RTH	9. AGE (In years last birthday)	If Und	Days Hours
Male	Negroid	WIDOWED	DIVORCED	5-8- 9	93	74		
	CUPATION (Give kind of world	108 KIND OF BU	USINESS OR INDUST	RY 11. BIRTHPLAC	CE (State or fore	eign country)	12, CI1	TIZEN OF WHAT
done during most o	f working life, even if retired)			Md.			J	J.S.A.
3. FATHER'S N.	AAAF			14. MOTHER'S	MAIDEN NA	AAF		
I STITLE & IV	obert Brisc	oe			iza Bar			
S. Was Decease (Yes, no or unknov	d Ever in U. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17. INFORMAN	IT.			ADDRESS
		2	16-091918	Rosa	E. Smit	-h	same	
1B. 44 /	2 9		CAUSE OF DE				Danie	APPROXIMATE
DISE	ASE OR CONDITION DI	RECTLY						BETWEEN ONSET
	LEADING TO DEATH		2	0 1 -	71 . 11	Vacc	1100	
	LEADING TO BEATH		CANDADA EDIATE C	ALISE AL	1110	171066	BAR	/
	nat mean the made al		(A) IMMEDIATE O	AUSE AS A CONSEQUEN	CE OF:	1770 6	/ BAT	/
heart lailure		the disease,		AUSE CAR AS A CONSEQUEN				
heart lailure	nat mean the made al	the disease, death.)						19
heart lailure injury or co	nat mean the made al , asihenia, etc. It means mplication which caused ANTECEDENT CAUSES	the disease, death.)	(B) A 6	AS A CONSEQUENT	Sc			19
heart lailure injury or co	nat mean the made al , as)henia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, il he abave cause (A)	the disease, death.)	(B) A 6	R TERIO	Sc			79
heart lailure injury or co	nat mean the made al , ashenia, etc, It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, il	the disease, death.)	(B) A 6	R TERIO	Sc			19
DISEASES rise la 1 UNDERLYII	nat mean the made all, ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, il he abave cause (A) IG CONDITION last.	the disease, death.) any, giving stating the	(B) A 6	R TERIO	Sc			19
DISEASES rise la 1 UNDERLYII	nat mean the made all, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he above cause (A) IG CONDITION fast.	the disease, death.) any, giving stating the NTRIBUTING HE TERMINAL	(B) A 6	R TERIO	Sc			19
DISEASES rise la UN DERLYII ACO THER SIGN TO THE DO THE DO THE	nat mean the made all, ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, il he abave cause (A) AG CONDITION last. / II PICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PAR	the disease, death.) any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A).	(B)	R T ER 10	S C	LERO	111	J 9
DISEASES rise la UN DERLYII OTHER SIGN DISEASE OR	nat mean the made all, ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, il he abave cause (A) AG CONDITION last. / II PICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PAR	the disease, death.) any, giving staling the NTRIBUTING HE TERMINAL IT 1 (A).	(B) A 6	R T ER 10	S C		VERE FINDING	S CONSIDERED DEATH?
DISEASES rise la UN DERLYII OTHER SIGN TO THE DOSEASE OR 19A-DATE (1) 21A-ACCID	nat mean the made all a shenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he abave cause (A) IG CONDITION fast. / II OFFICANT CONDITIONS CONTINUE OF THE CONDITION GIVEN IN PART OF PERATION 198. CON WAS PERENT WAS UNDERLYING	the disease, death.) any, giving stating the MTRIBUTING HE TERMINAL LIT I (A). DITION FOR WH FORMED	(B) DUE TO, OR (C)	AS A CONSEQUEN 20A. AUTO g., in or obout 21C.	S C NCE OF: PSY? (Yes of N WHERE DID	JERO O) 20B. IF YES, V IN CERTIFYING	VERE FINDING CAUSES OF	S CONSIDERED DEATH?
DISEASES rise la UNDERLYIN OTHER SIGN TO THE DE. DISEASE OR 19.4. DATE OF OR CONTRI	nat mean the made all a shenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he abave cause (A) IG CONDITION last. /	the disease, death.) any, giving stating the MTRIBUTING HE TERMINAL LIT I (A). DITION FOR WH FORMED	(B) DUE TO, OR (C)	AS A CONSEQUEN 20A. AUTO g., in or obout 21C.	S C NCE OF: PSY? (Yes of N WHERE DID	JERO O) 20B. IF YES, V IN CERTIFYING	VERE FINDING CAUSES OF	DEATH?
DISEASES rise lo UN DERLYII OTHER SIGN TO THE DE DISEASE OR 19A-DATE OF 21A-ACCID OR CONTRI DEATH (noti	nat mean the made all a ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he abave cause (A) and CONDITION fast. /	the disease, death.) any, giving stating the NIRIBUTING HET I (A). DITION FOR WHFORMED 21B. PL home, etc.)	(B) DUE TO, OR (C)	20A. AUTO 20A. AUTO g., in or obout 21C. office bidg., INJU	S C NCE OF: PSY? (Yes of N WHERE DID RY OCCUR?	20B. IF YES, VIN CERTIFYING	VERE FINDING CAUSES OF	DEATH?
NOOLA ACCIDE DISEASE OR CONTRI DEATH (not)	nat mean the made all a shenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he abave cause (A) IG CONDITION last. /	the disease, death.) any, giving stating the NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR WH FORMED 21B. PL home, etc.)	(B) DUE TO, OR (C)	20A. AUTO 20A. AUTO g., in or obout 21C. office bldg INJU	S C NCE OF: PSY? (Yes of N WHERE DID RY OCCUR?	JERO O) 20B. IF YES, V IN CERTIFYING	VERE FINDING CAUSES OF	DEATH?
DISEASES rise la UNDERLYIN OTHER SIGN TO THE DE. DISEASE OR 179A-DATE (CONTRI OR CONTRI DEATH (notice) 21D. TIME	nat mean the made all a ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, it he abave cause (A) and CONDITION fast. /	the disease, death.) any, giving stating the NIRIBUTING HET I (A). DITION FOR WHFORMED 21B. PL home, etc.)	(B) DUE TO, OR (C)	20A. AUTO g., in or obout 21C. office bldg., INJU	S C NCE OF: PSY? (Yes of N WHERE DID RY OCCUR?	20B. IF YES, VIN CERTIFYING	VERE FINDING CAUSES OF	DEATH?
DISEASES rise la UNDERLYII UNDERLYII OTHER SIGN TO THE DESEASE OR 19A-DATE (OR CONTRI DEATH (not) 21D.TIME OF INJURY (APPROX.)	nat mean the made all a ashenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) IG CONDITION last. /	the disease, death) any, giving stating the NTRIBUTING HE TERMINAL IT I (A). DITION FOR WH FORMED 21B. PL home, etc) (Hour) 21E. IN While Work	(B) DUE TO, OR (C)	20A. AUTO g., in or obout 21C, office bldg INJU Vhile	S C NCE OF: PSY? (Yes or N WHERE DID RY OCCUR?	20B. IF YES, VIN CERTIFYING	VERE FINDING CAUSES OF	DEATH?
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Kelson Funeral Home 1348

Calhoun St.



68- 1188 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH NEG

68- 1188

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Secretary State Attachment

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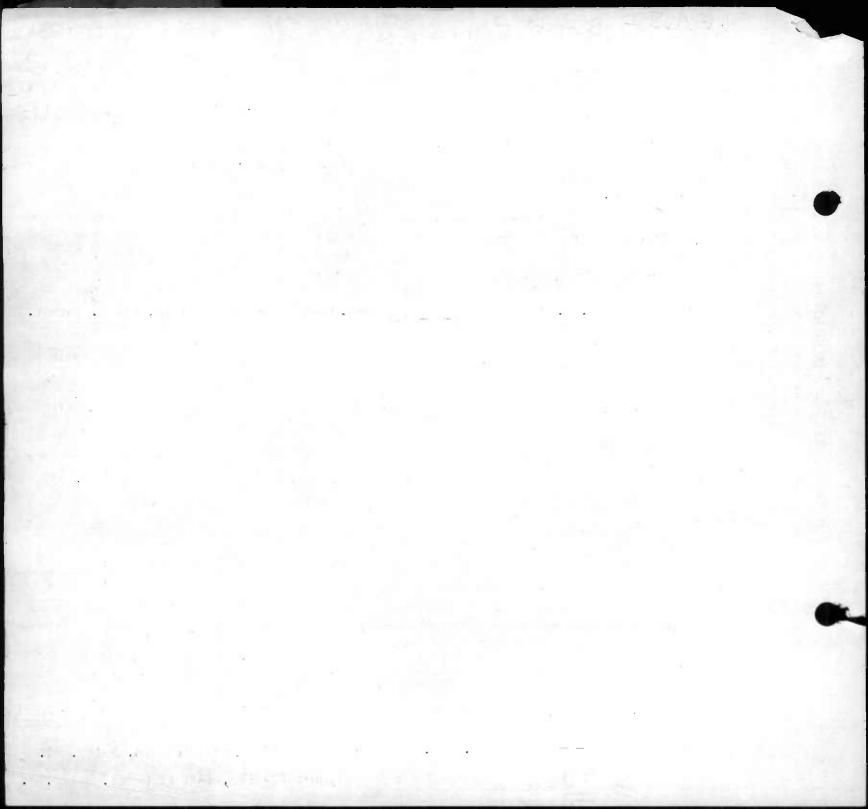
IMPORTANT

51-02-81

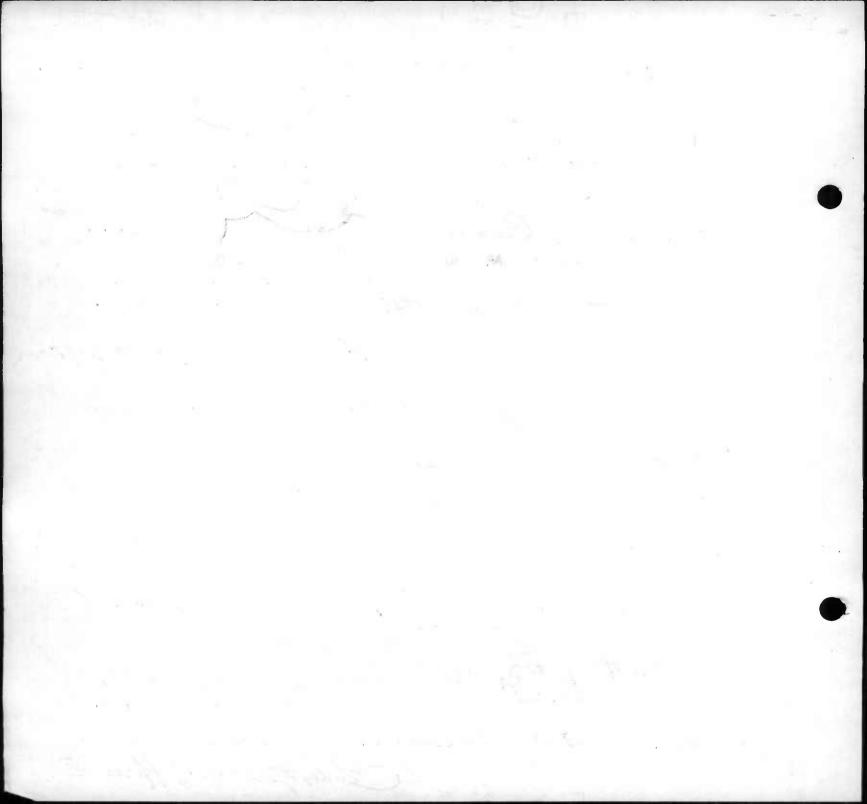
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO 68-0156 CERTIFICATE OF DEATH 2, DATE AND HOUR OF DEATH (Type or Print) Dent, Baby Boy, Corliss Ethel-January 26, 1968 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY (IMITS BALTIMORE CITY HOSPITALS BALTIMORE YES A NO 4940 Eastern Avenue E. STREET AND NUMBER 832 N. BENTALOU STREET -Baltimore, Maryland 21224 made. 8. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. MARRIED NEVER MARRIED X Hours lost birthday NEGRO MALE 1/26/68 WIDOWED DIVORCED 4 IDA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most af warking life, even if retired) MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CORLISS UNKNOWN 17. INFORMANT RECORDS: 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL Baltimore City Mospitals final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. 4940 Eastern Avenue, Baltimore, Md. 21224 CAUSE OF DEATH OF BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (This does not mean the made of dying, e.g., embal hearl failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, The above cause (A) sloling lhe UNDERLYING CONDITION last. remains Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 27 C. WHERE DID home, form, factory, street, office bldg., NJURY OCCUR? (If in Baltimore City, give exact lacotion) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work A Work 22. I certify that (I) (this haspital) attended the deceased that (I) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date pe and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady ofter death. must 23 B. DAYE SIGNED 23A. SIGNATURE Attending Phys. Director L approval 23D. ADDRESS 4940 Eastern Avenue, Balto., 23C. PHYSICIAN'S NAME (Type) Siegal Francine M. Baltimore City Hospitals 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Cremation on 1-26-68 BY HEALTH DEPT 255 1968 Color 255 Baltimore City Hospitals Baltimore, Maryland 30 25B NAME OF REGISTRAR VS 150-REV. 1/1/68



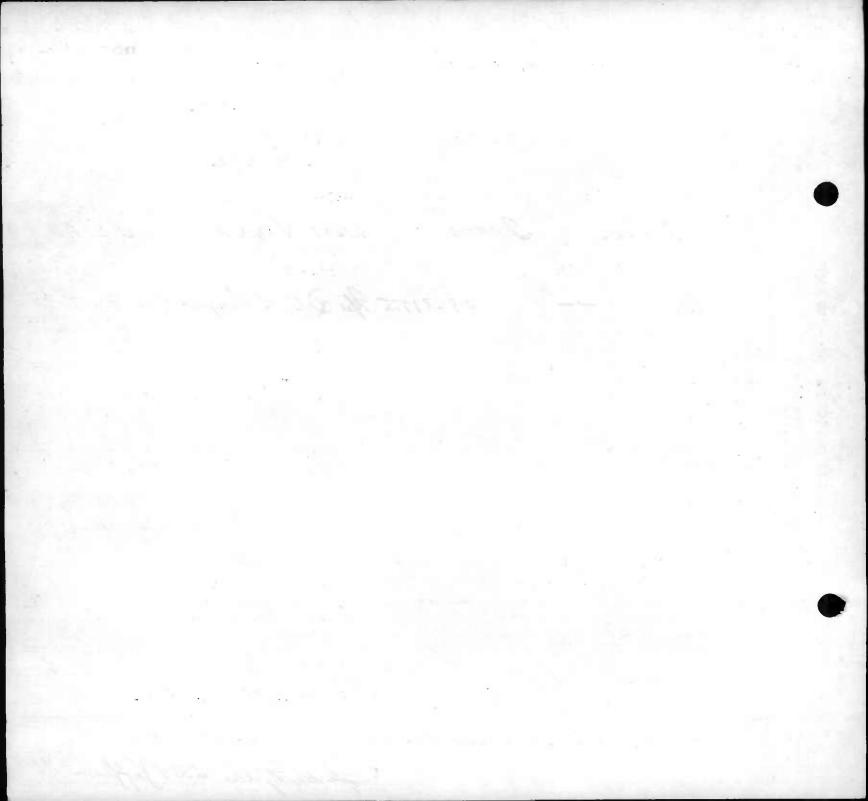
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S. \$1	X 6. RACE	7. MARRIED NEVER MA	KKIED ,		9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
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done	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)					12. CITIZEN OF WHAT CO
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	DEATH (notify medical examiner)	(Hour) 21E. INJURY OCC	URRED	21F. HOW DID INJ	URY OCCUR?	
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	AND HOUR OND ITOM THE COUSES STO	160 300ve. (x) ("e) (did) (Uldariony View the		4000E	238, DATE SIGNED
,	3A SIGNATURE					
,	34 SIGNATURE	TOHARA MA	Attending Phys	Med.	Staff N	1-28-68
,	SASIGNATURE A DE	oddard MO.	Attending Phys. 23D. ADD	Med. Director	Staff Phys.	1-28-68
,	SASIGNATURE JAMES ANALONS PARAMETERS		DEGREE Phys. 23D. ADD	Med. Director		
2	SEC PHYSICIAN'S NAME (Type) JAME J BURIAL CREMATION, 124B, DATE	TODOARO MO	DEGREE Phys. 23D. ADD	Med. Director RESS GERY DEP	T UNIVE	
244.	SASIGNATURE JAMES PHYSICIAN'S NAME (Type) JAMES F. S	TODOARO MO	DEGREE Phys. L. 23D. ADD	Med. Director ORESS G-ERY DEP 24D. Lo	T UNIVIZ	RSITY Md. Hosp
24A.	SIGNATURE ASS. PHYSICIAN'S NAME (Type) JAME J BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Urial DATE REC'D BY HEALTH DEPT.	TODOARO MO	Phys. 23D. ADD DEGREE SUR TERY OF CREMATOR Cemetery	Med. Director ORESS G-ERY DEP 24D. Lo	T UNIVIZ	esity Ma. Hosp



H-220 68-1	191	HEALTH DEPARTMENT	DEC NO	668- 1191
BIRTH NO.	CERTIFICA	TE OF DEATH	REG, NO.	
(Type or Print) Hughes	ragrot.	C.	1/25/68	8:30 P. M.
3. PLACE IN BALTIMON, MARYLAND, WHERE PR	ONO NCED DEAD	A. STATE B. COUN		stitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		MARYLAND C. CITY OR TOWN	D INCH	DE CITY LIMITS?
BALTIMORE CITY HO		BALTIMORE	D. 114311	YES A NO
3 4940 Eastern Avenual Baltimore, Marylan		E. STREET AND NUMBER	DECEMBER OF STREET	03005
	RIED NEVER MARRIED	2405 E. JEFFI	9. AGE (In years	
FEMALE WHITE WIDO	WED DIVORCED	7/21/03	lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even it retired)	OTHING	MARYLAND	ergn country)	U.S.A.
13. FATHER'S NAME SCHAECH,	HANRY W.	14. MOTHER'S MAIDEN NA SUNDERLAND, M.		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or ynknown) (If yes, give wor or dotes of sen	16. SOCIAL SECURITY NO. 215 01 8737			e CityoHospitals more, Md. 21224
18. / / /	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Falone	1 . 1 A	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,		A CONSEQUENCE OF:	119/1/6	lenocarcinon
heort foilure, osthenio, etc. It means the dis- injury or complication which coused death.)	eose,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, g		A CONSEQUENCE OF:		
UNDERLYING CONDITION Iosi.	(c)			
7 2 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		NO		
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(1f in Boltimore	e City, give exoct location)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Work At Work	9 1001		1
22. I certify that (I) his loss tall attended	led the deceased fram	121/6 8	19 to	25/63 19
that (I) (we) low sow the deceased alive	0 15-10			nian deoth occurred an the date
and haur ond from the causes stoted abo	ve (1) (We) (did) (did nat) v	iew the body after death.		23B, DAJE SIGNED
Behat n The	7/m.D. Atte	ending Med.	Staff A	1/25/25
23C. PHYSICIAN'S	DEGREE		ore City Hos	pitals
NAME IType) ROBERT N. HILL	DEGREE			more, Md. 21224
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. I	LOCATION (Ci	ty, town, or county) (Stote)
BURIAL 1-29-68	PARKWOOD	CEM.	BALTO. 1	VID.
JAN 3 0 1968	ME OF REGISTRAR	Jarthy Mil	Mr - 2334 Je	Herson St.
VS 150-REV. 1/1/6B		1/	0	60

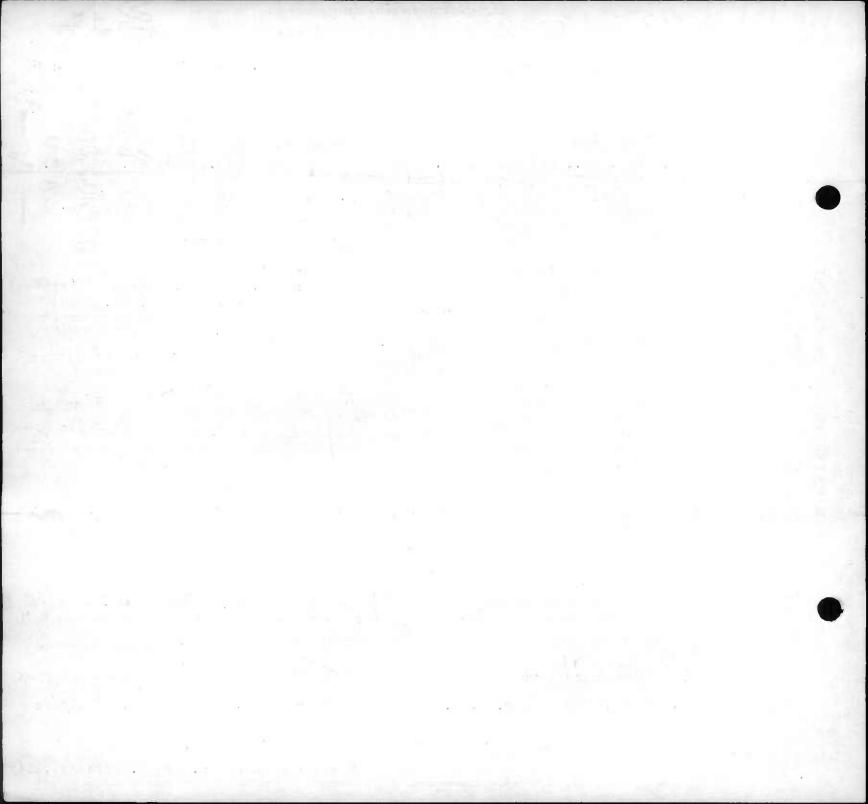


			00	110	BALTIMORE CITY	HEALTH DEPARTMENT		00 00100		
-			68-	- 119	CERTIFICA	TE OF DEATH	REG. NO	_68-81192		
		H NO.	EASED		CERTITION		D HOUR OF DEATH	4.1		
		e or Print)	ARBOGAS	T Par	aline		000		4-	
	3. P	LACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY				
	F111	L NAME OF	UE NOT IN HOSBIT	AL OR INICAL	THE CIVE STREET					
	HO	SPITAL OR	ADDRESS OR LOCA	(TION)	UTION, GIVE STREET	Maryland c. CITY OR TOWN	Baltimo	SIDE CITY LIMITS?		
1	3		ohns Hopkir	e Hoei	nital	Baltimore	-	YES NO	and the same of th	
-		1110 0	Omb nophri	10 1105	prear	E. STREET AND NUMBER		>		
		-	Vinne			9 S. Front				
	5. S		6. RACE		NEVER MARRIED		9. AGE (In years lost birthdoy)	Months Doys Hours	eı 24 Hrs. Min.	
2		emale	White	WIDOWED		9-03-14 11. BIRTHPLACE (State or foreign	53	12. CITIZEN OF WHAT	COUNTRYS	
			working life, even if retired)	1		11 1/				
			CKER	DEAL	2000		INIA	U.S.A.		
	13. [FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	AE			
			amin Smith			Elizabeth				
	15. V	Was Deceased , no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS	P of	
		110			218281775	Mrs. Wolle I.	Campo -	95. Front-	24-	
5		18. / 7	3,91		CAUSE OF DEAT		1	APPROXIMATE I		
3			E OR CONDITION DI	RECTLY		1. 1. Perior	6- 11			
			LEADING TO DEATH	dving e.g.	(A) IMMEDIATE CAL		J Guin			
5		heort foilure,	osthenio, etc. 11 meons	the disease,		CONSEQUENCE OF:	1			
E			ANTECEDENT CAUSES			Lengton Hulen	2 /11 mm			
0					(B)	A CONSEQUENCE OF:	1000000			
5		rise to the	OR CONDITIONS, if a obove couse (A)			A CONSEQUENCE OF				
Su l			CONDITION lost.		(c)	······································				
remain	z	5.83X		NITRIBUTING						
	Ĕ	TO THE DEAT	ICANT CONDITIONS CO	HE TERMINAL						
100	C	19A. DATE OF		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WER	FINDINGS CONSIDERED		
ש	ERTIFIC,	2	WAS PER			Yes	; NO	AUSES OF DEATH?		
Delore	0	21A. ACCIDEN	NT WAS UNDERLYING [] 21E	ne, form, foctory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltim	ore City, give exact location)		
	CA	DEATH (notify	medical examiner)	etc.	.)					
Daule		21 D. TIME OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	,		
	2	(APPROX.)		Wi	nile At Not While		. 57		(V)	
22. I certify that (I) (this haspital) attended the deceased from							1/251	908.		
that (I) (we) ost saw the deceased alive on								linian death occurred or	the dote	
								/		
								23B, DATE SIGNED		
		1/1	ild Kerg		OEGREE Phy		Staff Phys.	1/25/68		
>		23C. PHYSICIA	N'S	7) 1		23D. ADDRESS	ring Hogy	1+-1		
approval			THILLIP	K.F	EID OEGREE	The Johns Hopl	crus nost	orcar		
0	24A	BURIAL CRE	MATION, 248. DATE	24C.N	AME of CEMETERY OF CRI	MATORY 24D. LO	OCATION (City, town, or county)	(Stote)	
0	1	BURIA	1-29-1	8 CZ	EDAR HILL (em.	DALTO.	Mo.		
Litten	25A		BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	4	ADDRESS	Da	
3		JA	N 3 0 1968 (P	Donto 8	. Farberra	Sarthy Mi	lle - 23	34 Jeffeison	14.	
- 1	VS	150-REV. 1/1/	6 B					001		



FUNERAL DIRECTOR: IMPORTANT

1	BALTIMORE CITY HEA				
75705	68- 1193 CERTIFICATE	OF DEATH			
art art se se the	BIRTH NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH			
de de	PHYLLIS AUSTEN STEPHENS	Jan. 27, 1968 5:20P _M			
pita of Ce o ce o ath.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY			
se se (5) de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland CITY OR TOWN D. INSIDE CITY LIMITS?			
nd nd	INSTITUTION	Baltimore YES NO			
in and in	" NESWICK "	STREET AND NUMBER			
r at r at prio	700 W. 40th. St., Baltimore, Md. 21211	Marylander Apts., 3501 St. Paul St.			
ibu ibu ine ine id	WAKKIED IAEAEK WAKKIED	ATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
ntri rmi egu ase		r. 29, 1887 80			
T 0 = 0 = 0	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, done during most of working life, even if retired)	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
in de tio	D-4-13 C-3	Saltimore County, Md.			
de de	13. FATHER'S NAME	MOTHER'S MAIDEN NAME			
direct or ; (4) Under the was in the dedisposition	John Stokes	Harriet Austen			
e d ind; eath e or	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	NFORMANT: Mrs. Harry W. Jessophdress (sister			
kir kir de de	N0 149-22-9211 1	00 Highland Ave., Towson, Md. 21204			
r fi	18. / CAUSE OF DEATH	APPROXIMATE INTERVAL			
o, if fan, nced endo	DISEASE OR CONDITION DIRECTLY	Carlie Vancular BETWEEN ONSET AND DEATH			
Also e of noun atte	LEADING TO DEATH	Revel Disease 13 years			
or o	(This does not mean the mode of dying, e.g., DUETO, OR AS A CO	NSEQUENCE OF:			
P d d	injury or camplicolian which coused death.)	~ 00			
fra fra o o er	ANTECEDENT CAUSES	to their 5 Days			
E A P a a a	and the second s	NSEQUENCE OF:			
3 e x e z e z e z e z e z e z e z e z e z	rise to the above couse (A) stating the UNDERLYING CONDITION last.	deprendent 5 hays			
ica :al :s; cia cia as	1/ / 2 × 11	7			
dic dic dic ysi	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	'			
m ne phy an an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
dy dy	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
chi Bo Bo the the re t	ER THE STATE OF TH	Co			
the all by (2) ere o ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)	obout 21 C. WHERE DID (If in Boltimore City, give exact location) bldg., INJURY OCCUR?			
d King	U	21F. HOW DID INJURY OCCUR?			
osl (6)	While At Not While				
o po	Work At Work	7			
ppro the any (exc ; an	22. I certify that (1) (this hospital) attended the deceased fram	13 1954 to January 27 1968			
ap to of a of a al (,	that (I) (we) last sow the deceased alive on January 15	1.19 68 and that in(my) (our) opinion death occurred on the dote			
	and haur and from the causes stated above. (Y) (We) (did) (did nat) view	the bady after deoth.			
must be eleased ccident a hospit to deat al must	23A. SIGNATURE	23B, DATE SIGNED			
ccide to	(1) Froston Jersperser OEGREE Phys.	Med. Staff Director Phys. D			
0 - 0 - >	23C. PHYSICIAN S NAME (Type)	ADDRESS			
was r An a L. at c prior	W. Grafton Hersperger, M. D. Ke	swick - 700 W. 40th Street, Baltimore			
certificate mody was related. 7: (1) An accidence. 7: (2) An accidence. 8: (3) An accidence. 9: (4) An accidence. 9: (5) An accidence.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA. REMOVAL (Specify)				
This certif the body shows: (1) was D.O.A deceased	Burial 1/30/68 Green Mount Cem	etery Baltimore, Maryland			
is e bow	25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS			
This the show was deco	JAN 30 1968 Robert E. January	Stewart & Mowen Co. 108 W.North Av., Cit			
	VS 150-REV. 1/1/68				



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

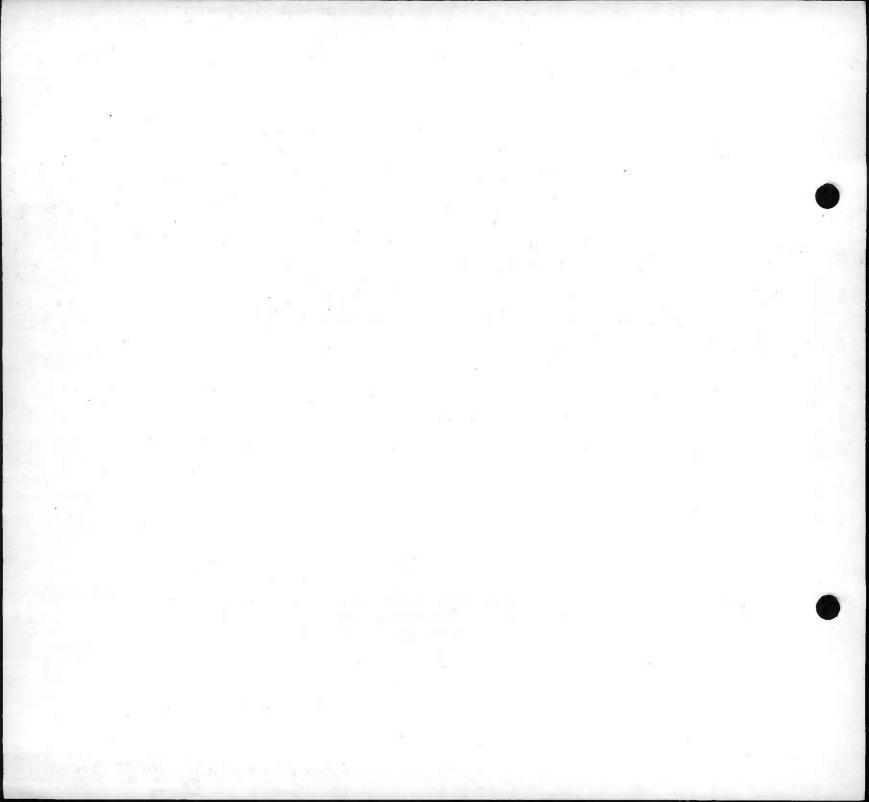
(1)	-652				HEALTH DEPARTMENT			
BIRTH		68-	1194	CERTIFICA	TE OF DEATH	REG. NO	68~	1194
1.NAN	AE OF DECEASED	Sister M	artha V	Waring		and hour of Death		2:55 P.M.
FULL HOSPI	UTION	OT IN HOSPITAL	OR INSTITUTION)	UTION, GIVE STREET	A. STATE B. COL	Baltimore Ci		
9	,)	illa St. : altimore,		and 21207	E. STREET AND NUMBER 4000 Forest	Hill Road	120	
5. SEX		nite	· MARRIED WIDOWED	I NEVER MARKIED	B. DATE OF BIRTH 11-30-1876	9. AGE (In years lost birthdoy)	11 Unde Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
done du	SUAL OCCUPATION uring most of working life retired THER'S NAME			BUSINESS OR INDUSTRY of Charity	Nottingham, 14. MOTHER'S MAIDEN N	Maryland		nitedStates
	William V	Varing			Ida Julia B	rooke		
1S. Wa (Yes, no	or unknown) (II yes,	J. S. Armed Force give wor or dotes	of service)	16. SOCIAL SECURITY NO. 219-54-0944	17. INFORMANT Sister Andre	a - Villa	C+	ADDRESS
NOITA NOITA	his does not mean eart failure, asthenia, ijury ar camplication ANTECEI ISEASES OR CON se to the above NDERLYING COND THER SIGNIFICANT CO THE DEATH BUT NO SEASE OR CONDITION	etc. II means II which caused do DENT CAUSES DITIONS, if an cause (A) is ITION last. II DINDITIONS CONDITIONS	he disease, leath.) ny, giving stating the TRIBUTING ETERMINAL 1 (A).	(B)(C)	General Arteri A CONSEQUENCE OF: A CONSEQUENCE OF: None			10 years (?)
ERTIF	None	WAS PERFO	RMED	WHICH OPERATION	No No	IN CERTIFYING CA		
U 21	A. ACCIDENT WAS R CONTRIBUTING DEATH (notify medical	CAUSE OF	21 B hom etc.	e, lorm, foctory, street, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimo	re City, gi	ve exoct locotion)
21 OF	D. TIME (Month) F INJURY PPROX.)	(Day) (Year)		INJURY OCCURRED ile At Not While rk At Work				The same
an 23/	A. SIGNATURE	w the deceased	d abave. (January 23, () (We) (did) (did not) v Attention of the physical strength of the physical stren	med. Director ADDRESS	that in (my) (aur) ap	238. DA	1968 ath occurred on the date ote signed 27-68 21228
24A. B	SURIAL CREMATION, REMOVAL (Specify)		//	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town,	or countyl (State)
	BURIAL			OF REGISTRAR	2SC. FUNERAL DIRECT	O R		ADDRESS orth Av., City
VS 150	O-REV. 1/1/68	J VIALEUR	2,40	Machina	DIEWARI & M	0.110	11 4210	1011 1111,010,1



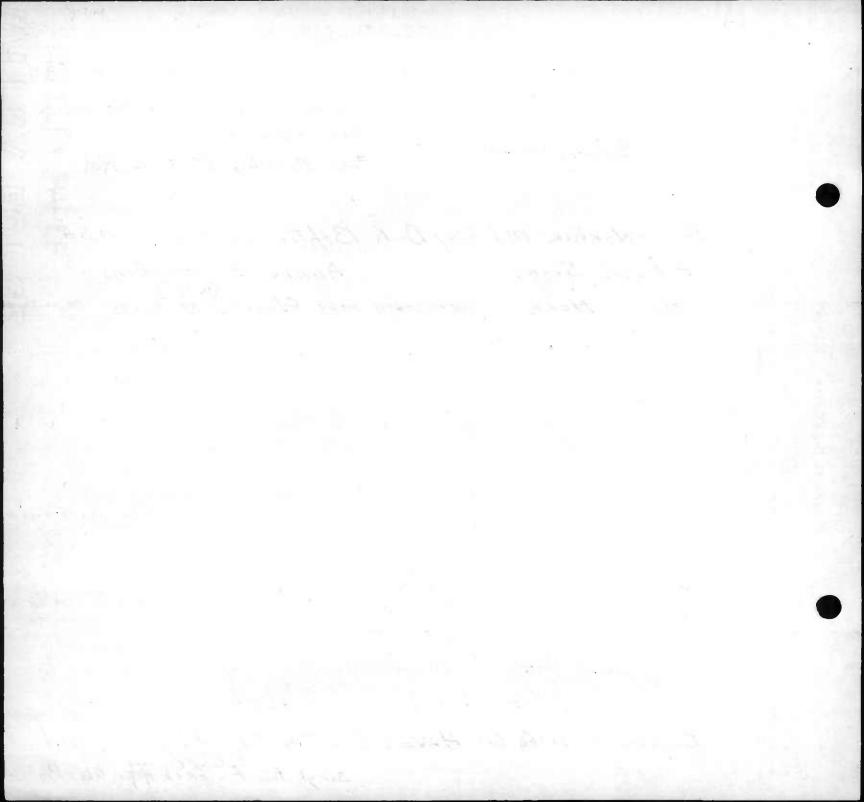
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

1	B-340 BALTIMORE CITY HEALTH DEPARTMENT REG NO. 68- 1195									
K	BIRTH NO. 68- 1195 CERTIFICATE OF DEATH REG. NO. 68- 1195									
1.	NAME OF DECEASED	RA	ITT/		D HOUR OF DEATH	40				
	PLACE IN BALTIMORE, MARYLAND	WHERE BRONG	JIL-	2 Z	e deceased lived. If institution:	M.				
3.	PLACE IN BALIMORE MARILAND	, WHEKE PRONO	SNCED DEAD	A. STATE B. COUN		1001				
H	ULL NAME OF (IF NOT IN HOS OSPITAL OR ADDRESS OR LO ISTITUTION	PITAL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY I	IMITS?				
	2-			BALTIMO	TES _	NO 🗌				
13	& University	110 SP1	M C	E. STREET AND NUMBER / 703 Ed mondson Ave						
S.	SEX 6. RACE	7. MARRIED WIDOWED	MINEVER MARKIED		9. AGE (In years If Undo	er I Yr. If Under 24 Hrs. Doys Hours Min.				
	A. USUAL OCCUPATION (Give kind of one during most of working life, even if retire		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12. CIT	IZEN OF WHAT COUNTRY?				
				Worth Car	olma 1	15.41				
. 13	FATHER'S NAME	Knon	M	14. MOTHER'S MAIDEN NAM						
15	. Was Deceased Ever in U. S. Armed		1 6. SOCIAL	17. INFORMANT	nown	ADDRESS				
(Y.	es, no or unknown) (If yes, give wor or	dates of service)	SECURITY NO.	Mehrin B.	attle 4187	mt/tolly f				
	18. 195.0		CAUSE OF DEATH	-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION LEADING TO DEA		() DANGEDIATE CALL	PNEW MO	VIA	days				
	(This does not mean the mode heart lailure, asthenia, etc. It me			A CONSEQUENCE OF:						
	injury or complication which cau	sed death,)		0.40						
	DISEASES OR CONDITIONS,		(B)	A CONSEQUENCE OF:	CoucinomA	Monius				
	uise to the above couse (
	197.2		(c)							
NO										
CERTIFICATION	DISEASE OR CONDITION GIVEN IN	PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No.		CONSIDERED				
RTF	WAS	PERFORMED			IN CERTIFYING CAUSES OF	DEATH?				
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		ne, form, factory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore City, gi	ve exact facation)				
E I	21D. TIME (Month) (Day) (Ye		INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?					
2	(APPROX.)	Wh	ile At Not While			0 1				
	22. I certify that (1) (this hospital) attended the deceased from 20 Jun 19 68 to 22 Jun 19 68									
	that (1) (we) last saw the deceased alive on 22 from 19 68 and that In(my) (our) opinion deoth occurred an the do									
ond hour end from the causes stoted obove. (I) (We) (did) (did not) view the body ofter death.										
	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff 22 Am 68 22 Am 68									
	23C. PHYSICIAM'S	The same	DEGREE Phys	23D. ADDRESS	Phys. \square	- JAN OS				
u u	NAME (Type)	WENZ	EL	Thiven	SITY NOSPHI	ML				
24	A. BURIAL CREMATION, 24B. DATE	24C. N	AME OF CEMETERY OF CRE	MATORY 24D. LC	MY MY RIX COTAS	Scoper 0/1/ Diote				
	Durial 1/30,	168 m		un 1	Baltomor	e ma				
25	JAN 30 1968	25B. NAME -	OF REGISTRAR	25C. FUNERAL DIRECTOR	allico 661	W Barre So				
VS	150-REV. 1/1/6B	- CO		pacer	or March	10				



	21			BALTIMORE CIT				00	4400
5 - 6 BIRTH NO.	20	68-	1196	CERTIFICA	ATE OF [DEATH	REG. NO.	00-	1196
Type or Print)	DECEASED	Sears	Warra	en S			O HOUR OF DEATH	14	1.45n
3. PLACE IN	BALTIMORE, M	ARYLAND, WHE	RE PRONOUNC	ED DEAD	4. USUAL RE	SIDENCE (Where	deceased lived. If in	stitution: residen	ce before odmiss
FULL NAME HOSPITAL OR INSTITUTION	OF (IF NO	OT IN HOSPITAL RESS OR LOCATION	OR INSTITUTIO	ON, GIVE STREET	c. CITY OR TO	RyLand	A Ann	DE CITY LIMITS?	under
3 Sout	h Bolt	imore G	eneral,	Hosp: hal	E. STREET AN	/	ie	YES	NO 🔯
S. SEX	6. RACE			NEVER MARRIED	B. DATE OF B		AGE (In years	If Under 1 Yr.	If Under 24
M		W	WID OWED	DIVORCED [11-20	2-1904	ost birthdoy) 63	Months Doys	Hours Mir
	CCUPATION (G t of working lite,		B, KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLAC	CE (State or foreig	an country)		F WHAT COUN
TRON 13. FATHER'S		RKer.	mel. L	DRY Doct	14. MOTHER'S	MAIDEN NAM	re mg	U	SA
	/	Seak		•	·A	-5	F 4:	LLins	
S. Was Decer	sed Ever in U.	S. Armed Forces	? 16.	SOCIAL SECURITY NO.	17. INFORMAN	NT VE	Gal 150	ADD	RESS
No		None		14-03-213	MRS	FLORE	ence V.	Seaks	Same
1B. /6	2,1	1		CAUSE OF DEA				, APPI	ROXIMATE INTERVA
DIS		NDITION DIRECTOR	CTLY		Car	cinom a	of the	ung	7 200
		the mode of dy		(A) IMMEDIATE CA	S A CONSEQUEN	CE OF:	9 17	ing	/ /// 6/1
		which caused de							
		ENT CAUSES		(B)	S A CONSEQUE				
iise to	The above	OITIONS, if any couse (A) st		DUE 10, OR A	IS A CONSEQUE	ICE OF:			
UNDERLY	ING CONDIT	ION lost.		(c)					
	NIFICANT CON	II nditions conti							
▼ DISEASE C	R CONDITION	TRELATED TO THE	(A).						
5 5 13 0 A		JN 119% CONDI	JON FOR WHI		1204 41150	neve (V Mal)		FINDINGS CON	1?/
19A. DATE	OF OFERALIO	WAS PERFOR	RMED	CH OPERATION	20A. AUTO	PSY? (Yes or No)	IN CERTIFYING CA		
D 21A. ACC	IDENT WAS U	WAS PERFOR	21B, PLA	ACE OF INJURY (e.g.	in or obout 210.	WHERE DID	same ar		hopreum
U 21A. ACC		WAS PERFOR	21B, PLA		in or obout 210.	WHERE DID	same ar	ed brone	hopreum
21A. ACC OR CONT DEATH (n	IDENT WAS URBUTING Cotify medical ex	WAS PERFOR	21B, PLA home, f etc.)	ACE OF INJURY (e.g., form, foctory, street,	, in or about 210. office bldg., INJU	WHERE DID	Same ar	ed brone	hopreun
21A. ACC OR CONT DEATH (n	IDENT WAS URBUTING Cotify medical ex	WAS PERFOR	21B. PLA home, f	ACE OF INJURY (e.g., form, foctory, street,	, in or about 210. office bldg., INJU	WHERE DID	Same ar	ed brone	hopreur
U 21A. ACC OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.)	IDENT WAS U RIBUTING Coify medical ex (Month)	WAS PERFOR INDERLYING AUSE OF xominer) (Doy) (Yeer) (218, PLA home, f etc.,) 21E, tN. While / Work	ACE OF INJURY (e.g., form, foctory, street, JURY OCCURRED At Not With At Work	, in or about 210. office bldg., INJU	WHERE DID IRY OCCUR?	(If in Boltimor	e City, give exac	hojneur i location)
U 21A. ACC OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. 1 cert	IDENT WAS U RIBUTING C otify medical ex (Month) rify tho (1) we) last sow	WAS PERFOR INDERLYING AUSE OF xominer) (Doy) (Yeer) (the deceased	Hour) 21E. IN. White Work Ottended the calive on	ACE OF INJURY (e.g., form, foctory, street, JURY OCCURRED At Not Wh At Wor deceased fram	in or obout 210. office bldg., INJU 21F.	WHERE DID WHERE DID WHY OCCUR? HOW DID INJU	(If in Boltimor	e City, give exac	hojmenn i location)
D 21A. ACC OR CONT DEATH (n 21D. TIME OF INJUR (APPROX.) 22. I cer that (I)(ond hour	IDENT WAS URBUTING Cotify medical extends (Month) (Month) Weify that (I) (I) (I) (II) (III) (IIII) (III) (III) (III) (III) (III) (III) (III) (IIII) (III) (IIII) (IIII) (IIII) (IIII) (IIII) (II	WAS PERFOR INDERLYING AUSE OF xominer) (Doy) (Yeer) (the deceased	Hour) 21E. IN. White Work Ottended the calive on	ACE OF INJURY (e.g., form, foctory, street, JURY OCCURRED At Not Wh At Wor	in or obout 210. office bldg., INJU 21F.	WHERE DID WHERE DID WHY OCCUR? HOW DID INJU	(If in Boltimor	e City, give exact	1 location)
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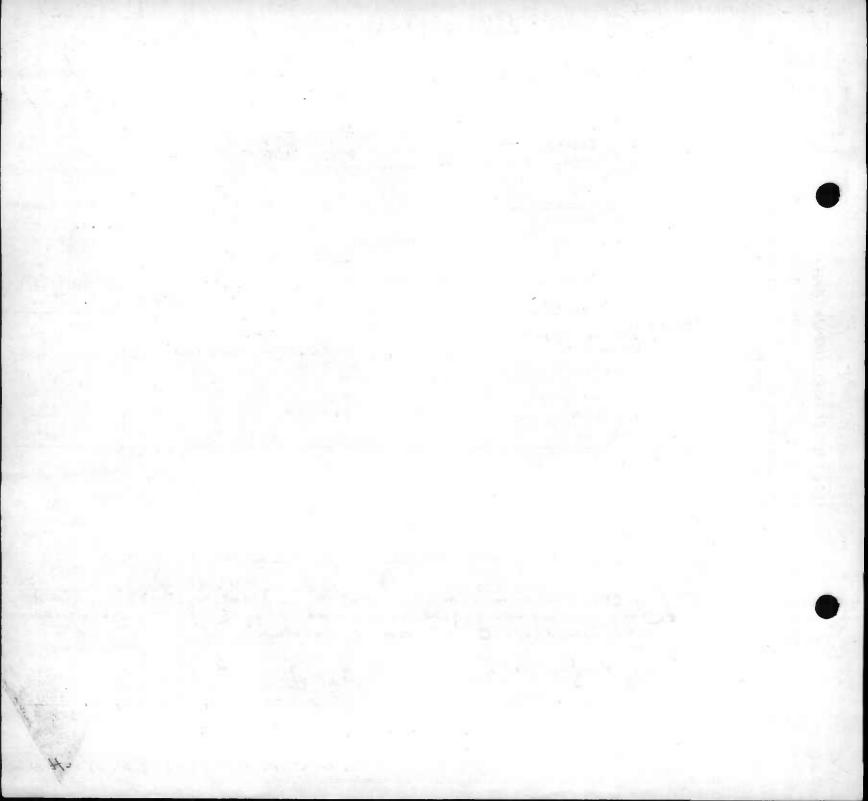
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	T-151 00 1	BALTIMORE CITY	HEALTH DEPARTMENT		68-1198
2.0	65 68 1	198 CERTIFICA	TE OF DEATH	REG. NO	
	TH NO. AME OF DECEASED			AND HOUR OF DEATH	A .000
	pe ar Print)	~ ~~		8-68	15 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN		A. STATE B. COMMARYLAND		12-04
IN:	BALTIMORE CITY H	OSPITALS	BALTIMORE		YES NO NO
	4940 Mastern Aver Baltimore, Maryla		2337 N CALVI	ert street -	21218
5. 5	MATE MECEO	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5/3/28	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IGA	. USUAL OCCUPATION (Give kind of work 10B, KIN				12. CITIZEN OF WHAT COUNTRY?
	e during mast af warking life, even if retired) LABORER		MARYLAND	,,	U.S.A.
13.	JOSEPH TO	IRNER	14. MOTHER'S MAIDEN N MAUDE DUD		
1 S. (Ye	Was Deceased Ever in U. S. Armed Farces? s,na arunknawn) (If yes, give war ar dates of serv VES KOREAN	ice) 1 6. SOCIAL SECURITY NO.			e City Maspitals imore, Md. 21224
v	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the distinity or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the above cause (A) stating UNDERLYING CONDITION lost.	(8)	DISTRICT DY III	uberculos is	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes ar	No. 208 IS VEC WERE	FINDINGS CONSIDERED
ERTIFIC	198. DATE OF OPERATION WAS PERFORMED		YPS	IN CERTIFYING CA	USES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	n ar about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimar	re City, give exact location)
MEDI	21 D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While At Work	21F. HOW DID I	NJURY OCCUR?	
	22. I certify that (1) (this haspital) attend	led the deceased fram_ }	-27	19 68 to 1	- 28 1968
	that (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIANS	ve. (1) (Wich did (did no) v	19 68 and iew the bady after deat anding Med. Director 23D. ADDRESS BALTI	that in (my) (our) api h. Staff X Phys. CITY HOS	238. DATE SIGNED 1 - 28 - 68 PITALS
Ŀ	BURIAL CREMATION, 248. DATE REMOVAL (Specify) 2-1-68	DEGREE IC. NAME of CEMETERY OF CRE BALTO, NATI	MATORY CEM. 7.	COCATION (C)	
25/		ME OF REGISTRAR	WM C. M	PARCH 9	28 E. Nurth Ave
VS	150-REV. 1/1/6B				



death.

prior

in regular deceased

MOS

death

who pronounced

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT	REG. NO. 68- 1150
U-/20 68- 1199 CERTIFICATE OF DEATH	REG. NO. UU
BIRTH NO. 1. NAME OF DECEASED 2. DATE A	ND HOUR OF DEATH
(Type or Print) Pray 15 Missella (JR)	- 27 - 68 418 A
	ere deceased lived. If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY LAND	907
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN	D. INSIDE CITY LIMITS?
BALTIMORE CITY HOSPITALS BALTIMORE BALTIMORE	YES NO .
4940 EASTERN AVENUE	
BALTIMORE, MARYLAND 21224 1753 MONTP L	IER STREET 21218
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
MALE NEGRO WIDOWED DIVORCED X 4-27-17	50
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fa	reign country) 12. CITIZEN OF WHAT COUNTR
STEEL WORKER NORTH CAROLI	NA USA
13. FATHER'S NAME	AME
MATTHEW DAVIS SR. EULA HEN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	MPDRESS
	40 EASTERN AVENUE, BALTIMOR
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (B)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes. or)	
YES	IN CEPTIEVING CALLSES OF DEATH?
WAS PERFORMED YES	No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR? etc.) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID IN OF INJURY White At Not While	(If In Baltimare City, give exact location)
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (1) this haspital) attended the deceased fram	(If In Baltimare City, give exact location) NJURY OCCUR?
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED At Wark 21E. INJURY OCCURRED 21F. HOW DID IN While At Wark 22. I certify thou (I) (this hospital) attended the deceased fram 24.	(If In Baltimore City, give exact location) NJURY OCCUR? 196 8 that in (my) (our) opinion death occurred on the do
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive on 19 Condition on the courses stoted alive on 19 Condition on the courses stoted alive on 19 Condition on the course stoted alive on 19 Condition on th	(If In Baltimore City, give exact location) NJURY OCCUR? 196 8 that in (my) (our) opinion death occurred on the do
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive on ond hour and from the causes stoted above. (I) (We) (did) (did not) view the body ofter death of the deceased fram that (I) (We) (Type) 23C. PHYSICIAN'S NAME (Type) 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? 21F. HOW DID IN Work At Wark At Wark Attending Med. DEGREE Phys. 23D. ADDRESS	(If In Baltimore City, give exact location) NJURY OCCUR? 196 8 thot in (my) (our) opinion deoth occurred on the do

approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased written approval must be obtained before the remains are embalmed or final disposition is made. deceased prior to death); and (6) No physician was in regular attendance where the physician was D.O.A. at a hospital (except the body was released shows: (1) An accident

This certificate must be

DEGREE BCH-4940 EASTERN 24C. NAME of CEMETERY OF CREMATORY 24D. LO 2/3/68

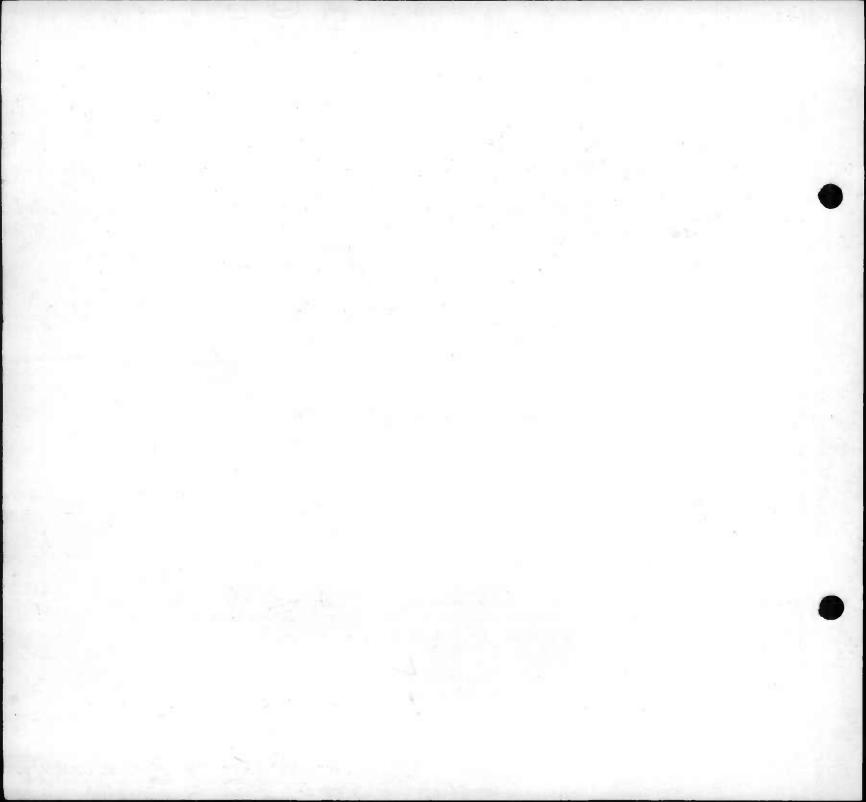
NAME OF REGISTRAR

HENDERSON, N.C.

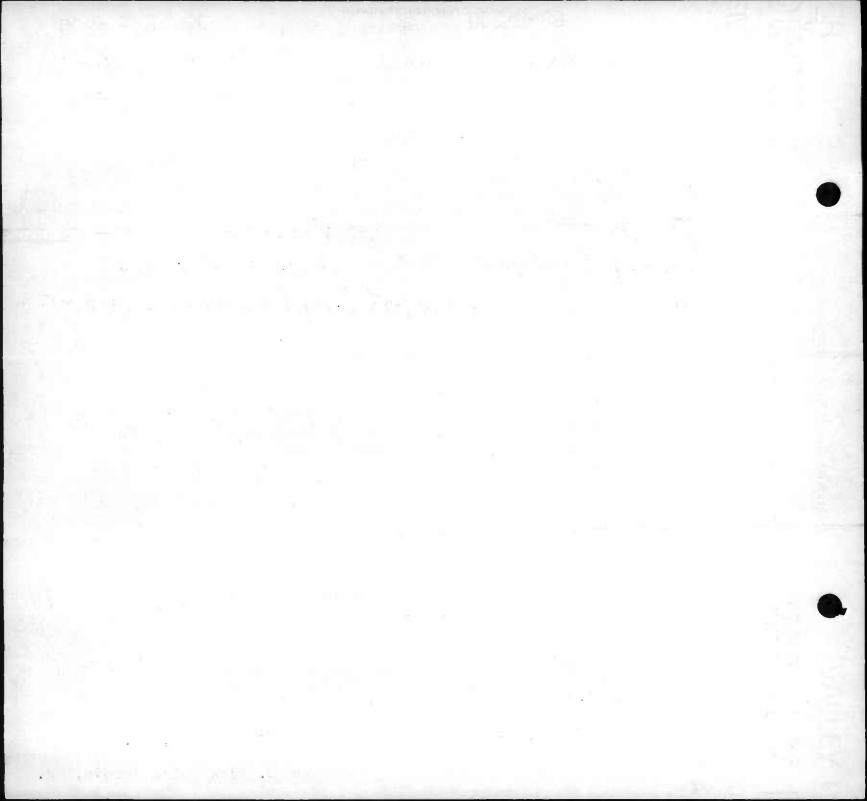
25C. FUNERAL DIRECTOR ADDRESS
WM.C, MARCH 928 E, NORTH AVE

VS 150-REV. 1/1/6B

BURIAL



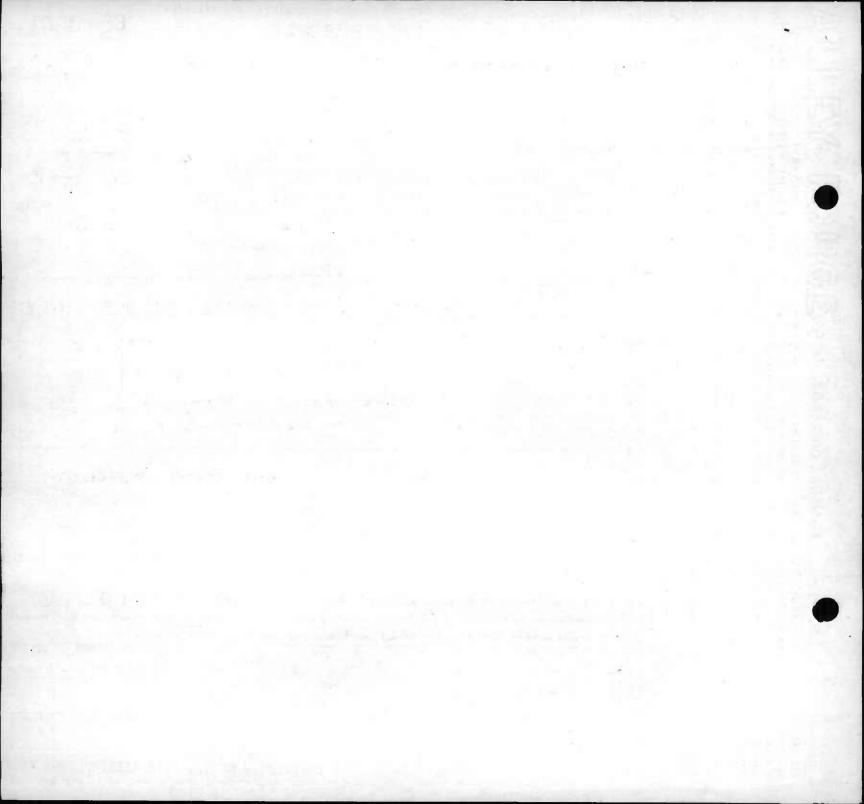
VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

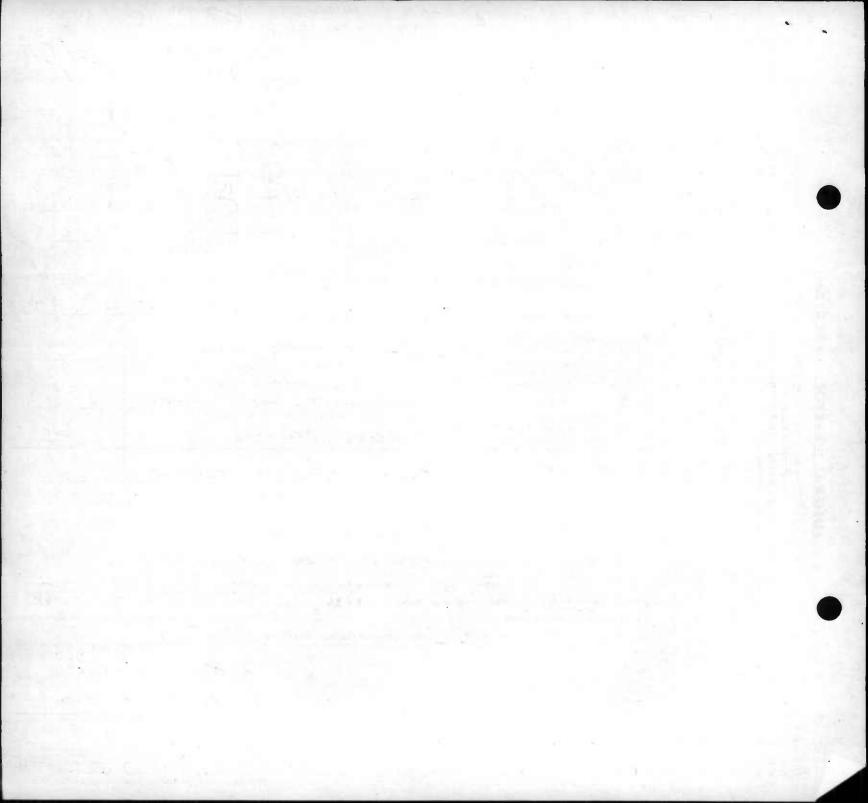
BIRTH	5-615 68-1	CERTIFICA	TE OF DEATH REG. NO.	100
1, NA	AME OF DECEASED	XXXXXXXXX SCHREIBA	2. DATE AND HOUR OF DEATH	620/12.
3. PL	LACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If i	institution; residence before admission
HOS	L NAME OF (IF NOT IN HOSPITAL OR IN BPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MD. BALTIMORE	SIDE CITY LIMITS?
10			BALTIMORE	YES NO T
12	SINAI HOSPITAL OF	RALTIMORE	E. STREET AND NUMBER 7012 SURREY DAWN	l:
S. SE	MLE 6. RACE WHITE WIDOW	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 5/24/97 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if refired) TAILOR \$HOP	OF BUSINESS OR INDUSTRY (HOLLAND CLEANER	Ruce	12. CITIZEN OF WHAT COUNTR
13. F	ATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
	UNKNOWN		UNKNOWN	
15. W	Vos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
	no or unknown) (If yes, give wor or dotes of serv		Upo HITHUIT COUNTYPHILL	MA OUDDEN ASSUE NO
	10	215-05-2123A CAUSE OF DEAT	MRS. MINNIE SCHREIBMAN, 70	1 APPROXIMATE INTERVAL
	heart foilure, asthemio, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	1056,	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	m.A.
ATION	INJULY OF COMPLICATION WHICH COUSED death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling UNDERLYING CONDITION [ost.] 3.7.1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIND ISEASE OR CONDITION GIVEN IN PART 1 (A).	ving (B) CHACAN ving DUE TO, OR AS lhe (C)	A CONSEQUENCE OF: WITH COR PULMON ALR ALCOSIS MAKE MENTAL	DEPRESSION
ATION	INJULY OF COMPLICATION WHICH COUSED death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoling UNDERLYING CONDITION lost. 3.7.1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION CONTRIBUTION CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION CONTRIBUTION CONTRIBU	ving (B) CHACAN ving DUE TO, OR AS lhe (C)	A CONSEQUENCE OF: WITH COR PULMON ALR ALCOSIS CHAME MENTAL [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE	DEPRESSION
AL CERTIFICATION	INJULY OF COMPLICATION WHICH COUSED death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the obove couse (A) stoling underlying condition lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF OPERATION 198. CONDITION 198. DATE OF OPERATION 198. CONDITION 198.	ving (B) CHACAN ving DUE TO, OR AS lhe (C)	ACONSEQUENCE OF: WITH CORPULATION ALK ALCOSIS ALCOSIS ALCOSIS ALCOSIS ALCOSIS ALCOSIS ALCOSIS (If in Bollims or obout 21 C. WHERE DID)	DEPRESSION FINDINGS CONSIDERED
DICAL CERTIFICATION	INJULY OF COMPLICATION WHICH COUSED death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the obove couse (A) stoling underlying Condition lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeor) (Hour)	ving DUE TO, OR AS THE (C)	ACONSEQUENCE OF: WITH CORPULATION ALK ALCOSIS ALCOSIS ALCOSIS ALCOSIS ALCOSIS ALCOSIS ALCOSIS (If in Bollims or obout 21 C. WHERE DID)	DEPRESSION FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoling UNDERLYING CONDITION lost. 3 7. 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF CONDITION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	Ving DUE TO, OR AS THE (C)	ALCOSIS ACONSEQUENCE OF: WITH COR PULMON ALR 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. IN Or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	DEPRESSION FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girse to the obove couse (A) stoling UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	Ving DUE TO, OR AS The (C)	ALCOSIS 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. In or obout 21C, WHERE DID fire bldg., INJURY OCCUR?	TEPRESSIDN FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi rise to the obove couse (A) stoling UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION OF CONTRIBUTION OF PART 1 (A). 19A-DATE OF OPERATION OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS OR CONTRIBUTIONS CAUSE OF DEATH (notify medical examines) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attends that (I) (we) last saw the deceased olive	Ving DUE TO, OR AS THE CO. INJURY (e.g., indome, farm, foctory, street, one etc.) 21E. INJURY OCCURRED While At Not While At Work led the deceased from on 128	ACOSIS 20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	DEPRESSION FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exoct location)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi rise to the obove couse (A) stoling UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION OF CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attends that (I) (we) last saw the deceased olive ond hour and from the couses stated obay	Ving DUE TO, OR AS THE CO. INJURY (e.g., indome, farm, foctory, street, one etc.) 21E. INJURY OCCURRED While At Not While At Work led the deceased from on 128	ACOSIS 20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) 1968 initian death occurred on the death
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoling UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF CONDITION OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 22 D. TIME (Month) (Doy) (Year) (Hour) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 23 A. CICETTIFY that (1) (this hospital) attends that (1) (we) last saw the deceased olive ond hour and from the couses stated obay. 23 A. SIGNATURE A. A. A. C.	Ving DUE TO, OR AS The (C)	ALCOSIS ACONSEQUENCE OF: WITH COR PULMON ALR 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. 10 INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exoct location)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi rise to the obove couse (A) stoling UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION OF CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attends that (I) (we) last saw the deceased olive ond hour and from the couses stated obay	Ving DUE TO, OR AS The (C)	ACONSEQUENCE OF: WITH COR PULMON ALR 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C. 10 or obout 21C, WHERE DID (If in Boltimo fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 ta	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) 1968 Virtian death occurred on the death
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoling UNDERLYING CONDITION lost. January 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINOTISE OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION I WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive ond hour and from the couses stated above 23A. SIGNATURE ANALY CREMATION 124B. DATE 124B. BURIAL CREMATION 124B. DATE 124B.	Ving DUE TO, OR AS The (C)	ACOSIS ACONSEQUENCE OF: WITH COR PULMON ALR 20A. AUTOPSY? (Yes or No) 10 CERTIFYING C. IN CERTIFYING C. 21F. HOW DID INJURY OCCUR? 12	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) 1968 Virtian death occurred on the do
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoling UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF OPERATION TO THE TERMINATION OPERATION OPERATION TO THE TERMINATION OPERATION OPERATION (THOUSE OF OPERATION OPERATION) 21 D. TIME (Month) (Doy) (Year) (Hour) OPERATION (APPROX.) 22 I certify that (I) (this hospital) attends that (I) (we) last saw the deceased alive ond hour and from the couses stated above the termination of the termination	Ving DUE TO, OR AS THE (C)	ACOSIS ACONSEQUENCE OF: WITH COR PULMON ALR 20A. AUTOPSY? (Yes or No) 10 CERTIFYING C. IN CERTIFYING C. 21F. HOW DID INJURY OCCUR? 12	TEPRESSION FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) 1968 initian death occurred on the do



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

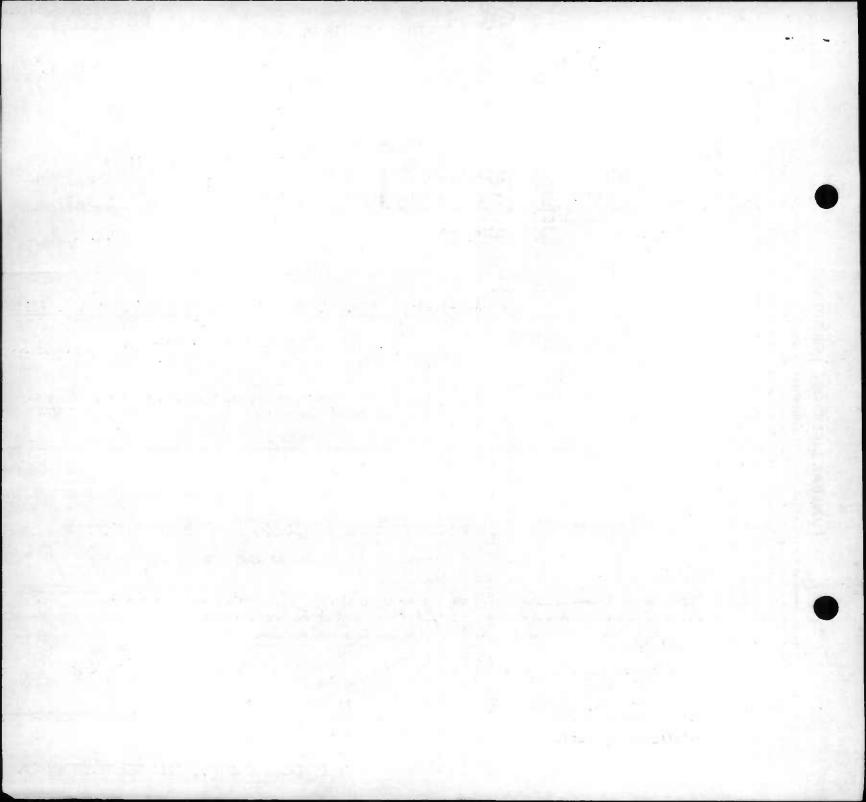
G-431 68- 1202 BALTIMORE CI	TY HEALTH DEPARTMENT
CERTIFIC	ATE OF DEATH REG. NO. 68- 1202
I, NAME OF DECEASED	2 DATE AND HOUR DE DEATH
(Type or Print) GERTRUDE GOLDBERG	1/27/68 1/0°7/P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MD. BALTIMORE
INSTITUTION	C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES NO NO
LSINAI HOSPITAL OF BALTIMORE	E. STREET AND NUMBER 6206 BENHURST RD 21-20
5. SEX 6. RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	BALTIMORE, MARYLAND W.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MORRIS ABRAMSON	CLARA ENGELMAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	MRS. MIRIAM ARMON, 6204 BENHURST ROAD, #21209
18. 2 5 0 9 1 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CART	DIO-PULMONAM ARREST
(This does not mean the made of dying, e.g., DUE TO OR A	AUSE A CONSEQUENCE OF:
ANTECEDENT CAUSES ATEC	- SELECTIC HEART DISEASE
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	CARDIAL INFARCTION AND O-SCLEROTIC HEART DISEASE AS A CONSEQUENCE OF
rise to the above cause (A) stating the UNDERLYING CONDITION last.	ETES MELLITUS
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	BEAL VASCULAR ACCIDENT
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O [21 A. ACCIDENT WAS UNDERLYING [7] [21 B. PLACE OF INJURY (e.g	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not W	hile ck
22. I certify that (1) (this hospital) attended the deceased from	1/26 1968 to 1/27 1968.
that (I) (we) last sow the deceased alive on	1968 and that in(my) (aur) apinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did) (did not)	•
23A. SIGNATURE	attending Med. Shoff 28 / 28 / 5
DEGREE P	hys. Director Phys. Phys.
23C. PHYSICIAN'S NAME (Type) HOMAS P. SMITH DEGR	SINAI HOSPITAL OF BACTIMORE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
BURIAL 1-29-68 BNAI ISRAEL	BALTIMORE, MARYLAND
25A. DATE RECO, BY HEALTH, DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

110	>		Y HEALTH DEPARTMENT		68- 1203
BIRTH NO.	68	3- 1203 CERTIFICA	TE OF DEATH	REG. NO	00 1200
I. NAME OF DEC	EASED		2. DATE AND	HOUR OF DEATH	1
(Type or Print)	HARRY LEVIN	E	JANUAR	y 29, 1968	10:30 P. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If i	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
11SINAI H	OSPITAL		BALTIMORE		YES NO
			E. STREET AND NUMBER		
			5500 CHAND		
5. SEX MALE	WHITE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	APRIL 26. 1911	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCC		108. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
BILLIA		PROPRIETOR	NEW YORK		u.s.A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAM	(E	
LOUIS	LEVINE		MOLLIE ?		
15. Was Deceased	Ever in U. S. Armed For		17. INFORMANT		ADDRESS
. ca,no or unknown	yes, give war or dote	3 of service) SECURITY NO. 348-12-1690	NDC FLODENCE IE	UTNE EEOO	CHANDIED AUE HOTO
1B. LL 1 7	0	CAUSE OF DEAT		VINL, 5500	CHANDLER AVE. #212
7/00	1 Z		7 min	1 - 0 ()	BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIF LEADING TO DEATH	RECTLY	ile motaro	had oner,	officere Source
(This does	not mean the mode of	(A) IMMEDIATE CA			1 20,800
	asthenia, etc. It meons		A CONSEQUENCE OF:		
injury or con	nplicolion which coused	deoth.)		N	· /
	ANTECEDENT CAUSES		only Untern	Disen	ac 10-15 yrs.
DISEASES	OR CONDITIONS, il	ony giving DUE TO, OR AS	S A CONSPQUENCE OF:		
	e above cause (A)	// 33			
UNDERLYIN	G CONDITION loss.	(C)	***************************************		
4201	II .				
	FICANT CONDITIONS CO				
A DISEASE OR C	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	T 1 (A).			
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDE OR CONTRIBI DEATH (notify	NT WAS UNDERLYING UTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Bottime	ore City, give exoct location)
21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY		While At Not Whi			
		Work L At Work		1	1/53 10
22. I certify	that (1) (this hospital	attended the deceased fram		965 to	1/22 1968
that (I) (we)	last saw the decease	ed alive an 1/22	19 68 and tha	it in(my) (aur) ap	oinion death occurred an the date
		ted abave. (1) (We) (did) (did nat)	view the hady after death		
23A. SIGNATU		22 230 65 (1) (1.10) (010) (010 1101)	The budy differ dedills		23B, DATE SIGNED
1		Vom man	ending Med.	Staff	1/20/10
02	mond	DEGREE Ph	ys. Director L	Phys. 🗀	1/30/68
23C. PHYSICIA NAME (1	N°S Type)	()	230. ADDRESS		,
	DR. LEONA	RD KOTT	11 SLADE AVEN	UE	
24A. BURIAL CRE		24C. NAME of CEMETERY OF CE			City, town, or county) (Stote)
REMOVAL (Specify)	ADDED OF VUTCUTE	AT TACEBU		
REMOVAL-B	URIAL 1-31-68		C	HICAGO, IL	LINOIS
25A. DATE REC'D	JAN 31 1968	Pole & Farley MA	SOL LEVINSON &	BROS. 60	10 REISTERSTOWN RD.
VC 150 BEV 1/1/	74 D				



VS 150-REV. 1/1/68

68- 1204 CERTIFICATE OF DEATH 68- 1204 hospital and of death Deceased BIRTH NO. Such 2. DATE AND HOUR OF DEATH 1, NAME OF DECEASED (Type or Print) 1368 uo ANNA 2 ALPONE death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY cause (5) I MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY-LIMITS canse; attend 0 MEMORIAL HOSPITAL BALTIMORE YES NO UVNION = prior E. STREET AND NUMBER contributing TRAMORE ROAD 5220 etermined made. regular 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE 7. MARRIED NEVER MARRIED deceased Hours lost birthday) 7-08-90 WIDOWED DIVORCED disposition is 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND Dud Housewife at home SD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the direct 4 R. EDWARDS LUCINDA GRAVES LO death ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 21B-36-7320B Rev. Clarence E. Kirby, husband, above any APPROXIMATE INTERVAL CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH CONGESTIVE FAILURE (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. 11 means the disease, ular injury or complication which caused death.) EB fra ANTECEDENT CAUSES CARDIOVASCULAR DISENSE ARTERIOSCLEROTIC 얼 DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving (3) ex la the abave cause (A) stating the physician UNDERLYING CONDITION last. mains 422.1 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before where 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF hospital MEDICAL DEATH (notify medical examiner) etc.) nature; obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) and Work At Work the 22. I certify that (I) (this hospital) attended the deceased from 12000 23 1968 to any January 2) Sanuary 27 19 68 that (I) (we) last sow the deceased alive on.....ond that in(my) (our) opinion death occurred on the date 0 be oto hospital death) and hour and from the causes stated above. (!) (We) (did) (did not) view the body after death. m ust accident 23A. SIGNATURE 23 L DATE SIGNED 427,1868 Attending [Med. was rele 0 Phys. Director approval 0 23C. PHYSICIAN'S NAME (Type) HIGUEL SAWCHEZ 23D. ADDRESS UNION prior PALACTOS WEND RIAL ţ, An UNION MEMORIAL HOSPITAL SANCHEZ-RALSICOS DR. MIGUE THE MIGUEL ď 75: (1) D.O.A 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased decease shows: 1/30/68 Burial Parkwood Cemetery Baltimore, Md. SD ADDRESS 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 3331 Brehms Lane

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

STORY OF THE STORY

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JOHN B. BRUNDS LUCIUDA GRAVES

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and our man service

68- 1205 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 68- 1205

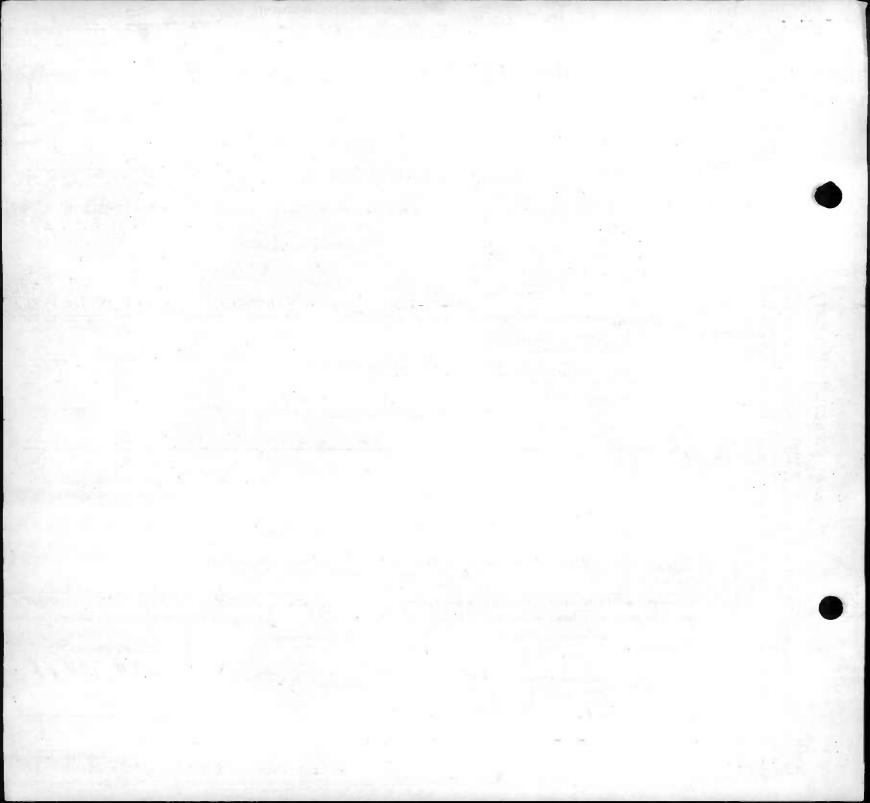
BIRTH NO.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-/(/ (/	VIII 1210 1		CATE OF	DEFTI	REG. NO		
1. NAME OF DE	CEASED				Sr.	2. DATE	Knawn 🗌	Manth	Day	Year	Hour
(Type ar Print)	EDWARD	JC	SEP	H	ROUBAL	OF DEATH	Estimoted	Janu	ary 29,	1968	6:30 A.
4. PLACE IN BA						3. DATE	UNCED DEAD	Month	Doy	Yeor	Haur
HOSPITAL OR INSTITUTION	ADDRESS	OR LOCATION	OK INSI	IIUIION, GI	AE 21KEE1			e decement liv	ary 29,		6:30 A.
JOI	NS HOPKI	NS HOS	SPITA	AL (DO.	A)	A. STATE	Maryland	21222	B. COUNTY	iii. residence c	Z danie daninssian)
6. SEX	7. RACE	8.	MARRI	ED NEV	/ER MARRIED	C. CITY OR		2	D. INSIDE C	ITY LIMITS?	
Male	White	V	WIDOW	ED 🗌	DIVORCED 🔀	Ba1	timore G		,	res 🔀	NO 🗆
9. DATE OF BIRT	H 110	AGE (In y	eors		r. If Under 24 Hrs. ys , Haurs , Min.	E. STREET	AND NUMBER				
7/27/1	714	ist birthdoy)	55	Maiinis Do	ys i ridors i Milli.	773	2 Charles	smont R	oad		
11. BIRTHPLACE	State or fareign o	cauntry)		12. CITIZEI		13. FATHER	'S NAME				
	more, M				COUNTRY?		seph Ro				
14A.USUAL OCCL	warking life, even	if retired)									
Silver	smith	'S	amu	el Ki	rk		phie Kr	iss			
16. WAS DECEAS (Yes, na ar unknawn	ED EVER IN U.S	ar dates of	service)	SI	OCIAL ECURITY NO.	18. INFORM	TUAN		A	DDRESS	
no				215-0	7-2301	Mrs.	Marlen	e Leor	ard,	dght.	above
19.	2,91				CAUSE OF DEA					AP BETW	PROXIMATE INTERVA
DISEAS	E OR CONDITIO	ON DIRECT	LY		Arteri	osclero	tic Card:	iovascu	lar Dis	ease	
(7)	LEADING TO D				(A)IMMEDIATE	CAUSE					
heart foilure	not meon the mo e, asthenia, etc. It	means the di	isease,		DUE TO, OR	AS A CONSEQ	UENCE OF:				
injury ar co	mplication which c	ausea aeam	.)								
	NTECEDENT CA				(B)						
DISEASES RISE TO TH	OR CONDITION E ABOVE CAUSE	(A) STATIN	FIVING OF THE		DUE TO, OR	AS A CONSE	QUENCE OF:				
II I UNDERLYI	NG CONDITION	V LÁST.			(c)						• • • • • • • • • • • • • • • • • • •
P 422.) 11										
O THE DE	ÀIFICANT CONDI ATH BUT NOT RE	LATED TO TH	IE TERMI							- 93	
DISEASE OF	CONDITION GIV			OBWING	H OPERATION W	AC DEDECORA					DC1/2 /V N-1
O DATE O	FOFERATION	ZOD. COND	HION	FOR WHICE	H OPERATION W	AS PERFURN	IED			21. AUIO	PSY? (Yes ar No)
404	NAL CAUSE WA	· c	1,	DOR DIACE	OF INITIDAY's		OC WILEDE DID	//			Yes
UNDERLYING	OR CONTRI	B-	ļi	home, farm,	OF INJURY (e.g., factory, street, affic	e bldg., etc.)	NJURY OCCUR?	(It in Rollimor	e City, give ex	oct locotion)	
¥ UTING LI CA	(Month) (Day) (Year)	(Hour	1 22F INT	URY OCCURRED	2	2F. HOW DID IN	THISK OCCI	107	16.03	
OF INJURY (APPROX.)	(, (,	, (,,,,,		WHILE A	T NOT	WHILE -		17011 000	, K.		
23.				m. WORK	LJ AT V	VORK L					
l cer	tify that I held	an Ing	uiry [Insp	ection Au	topsy X	and that on	this basis,	death in my	apinian	
resul	ted fram: Nati	urol cause	s X	Acciden			micide 🗌	Undetermin	ned manner	n	
1500		4					CHIEF MEDICAL				
ACTUAL		141/	7	2		ASSI	STANT MEDICAL		X		DATE SIGNED
SIGNAT	0	Werne	erW	. Spit	z, M.D.		CIATE MEDICAL	EXAMINER	П.	1	-30-68
NAME (Туре)		Y							1	- 30-00
24A. BURIAL CRE REMOVAL (Spec	MATION, 24B.	DATE		24C. NA	ME of CEMETERY	ar CREMATO	DRY 24D	. LOCATION	(City, taw	n, ar county)	(State)
REMOVAL (Spec	1 2	/2/68		Hol	y Redeen	mer Ce	metery	Ba	ltimo	re, Mo	d.
25A. DATE REC'D	BY HEALTH DE	PT.		AME OF RE		25C. I	himunek	OR	21 11-	ADDRESS	
	JAN 311	968	Robe	SE.	talker MA	30	3331 Br	ohme I	an no	ne, II	10.
VS 151-REV. 1/1/6	8			7			JJJI DI	CITIES L	, all G		

, 1	68- 1206 BALTIMORE CIT	Y HEALTH DEPARTMENT 68- 1206							
+2-	(ED LIEI (/	ATE OF DEATH REG. NO.							
the the	INAME OF DECEASED	2. DATE AND HOUR OF DEATH							
on on 1. S	(Type or Print) SALGADO FITABETH	28th TAN. 88 1 11. 20Pm							
5) Dec nce o eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY							
20 0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR FOWN C. CITY LIMITS?							
attend ior to	INSTITUTION FRANKLIN SQUARE HOSPITAL	BALTIMORECO YES NO 1							
	36	E. STREET AND NUMBER 431 52ND ST.							
ermined regular eased pr is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors tost birthday) 9. AGE (In yeors Months Doys Hours Min.							
ed ed	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
(4) Undet was in the dec	done during most of working life, even if retired) HOUSEWIFE	GERMANY U. S. A							
os os	13. FATHER'S NAME Theodor Krappmann	14. MOTHER'S MAIDEN NAME							
; (4) th w in th dispo	LINKNOWN	UNKNOWN							
5 to -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 2/224							
de de fina	no 214-24-7330	LOUIS SALGHDO 431 t2NDSt. BULLA							
da	18. 486 X I CAUSE OF DEA	H APPROXIMATE INTERVAL " BETWEEN ONSET AND DEATH							
4000	DISEASE OR CONDITION DIRECTLY	O a lass with the							
att a	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	USE USPINATION GREWMONN							
ar bal	heart failure, asthenio, etc. II means the disease, injury or complication which caused death,)	A CONSEQUENCE OF:							
go de la constante de la const	ANTECEDENT CAUSES Q	nd CVA							
re ch	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:							
3 u s	rise to the obove cause (A) stoting the UNDERLYING CONDITION last.								
S.E.	UNDERLYING CONDITION last. (C)								
burns hysic n wa rema	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODSEASE OR CONDITION GIVEN IN PART 1 (a).								
ph									
Body the ysici e the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	U 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21C. WHERE DID (If in Baltimore City, give exact location)							
her he	OR CONTRIBUTING CAUSE OF home, form, foctory, street, DEATH (notify medical examinet)	office bldg., INJURY OCCUR?							
5 7 7	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
cept nd (6	(APPROX.) While At Not Wh								
exe an obt	22. I certify that (1) (this hospital) attended the deceosed from 3th JAN 1968 to 28th JAN 1968.								
0 0	that (i) (we) lost saw the deceased alive an 1 28th	TAM9 68 and that in(my) (aur) apinion death accurred on the date							
spital eath) ust be	ond hour and fram the causes stated above. (1) (We) (did) (dld nat)								
An accident of L at a hospital prior to death) proval must be	23A. SIGNATURE	23B. DATE STGNED							
a to a	Cher ou Cwo OEGREE Ph	ys. Director Phys. Director Phys. Director Phys. Director							
at a ior	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS							
	WY. VE LEON OEGRE								
D.O. (1)	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CI								
as D.C ecease ritten	Burial I-3I-68 Oak Lawn Cemet								
shows: (1) was D.O.A deceased written ap	JAN 31 1968 P. S. F. F. J.	25C. FUNERAL DIRECTOR ADDRESS Walter Dabrowski IOO5 Dundalk Avenue							

VS 150~REV. 1/1/6B

25B. NAME OF REGISTRAR

Walter Dabrowski 1005 Dundalk Avenue



VS 150-REV. 1/1/65

So who wimp

Such

5		TH DEPARTMENT 68- 1208
B	BIRTH NO. 68- 1208 CERTIFICATE	OF DEATH REG. NO.
1. (T	T. NAME OF DECEASED (Type or Print) Edward Zimmerma	2. DATE AND HOUR OF DEATH
Ш	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CIT	Y OR TOWN D. INSIDE CITY LIMITS? YES X NO
4	Maryland Gen. Hoop. E. S.	REET AND NUMBER HIll Nursing home
	MIDOWED DIVORCED 3	E OF BIRTH 9. AGE (In years If Uniter 1 Yr. If Under 24 Hrs. Months Days Hours Min.
d	Carpenter Shipping	Balt. Md. 12. CITIZEN OF WHAT COUNTRY Balt. Md. USA OTHER'S MAIDEN NAME
	William Zimmerman	InkNown:
	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknawn) (If yes, give wor ar dates at service) 16. SOCIAL SECURITY NO. 2(1-10-0525 m)	ricl M. Rauch 1819 Summit Ave
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. CAUSE OF DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CON DUE TO, OR AS A CON CC).	onelio premome
	O O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). U 19-A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 120	A. AUTOPSY? (Yes at Na) 208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or ob)	IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice ble	B" INTINKA OCCUES
	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Work	21F. HOW DID INJURY OCCUR?
		19 and that in(my) opinion death accurred an the dat
	and havr and fram the causes stated abave. (1) (We) (did) (did nat) view th	
	23A, SIGNATURE Rolph D. Rey mond HD DEGREE Attending Phys. [23C, PHYSICHAN'S]	Med. Director Stoff Phys. Stoff Stores
2	23C. PHYSICIAM'S NAME Type ADD REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATO REMOVAL (Specify)	Mary land Gen. Hosp.

emetery Ba

25B. NAME OF REGISTRAR

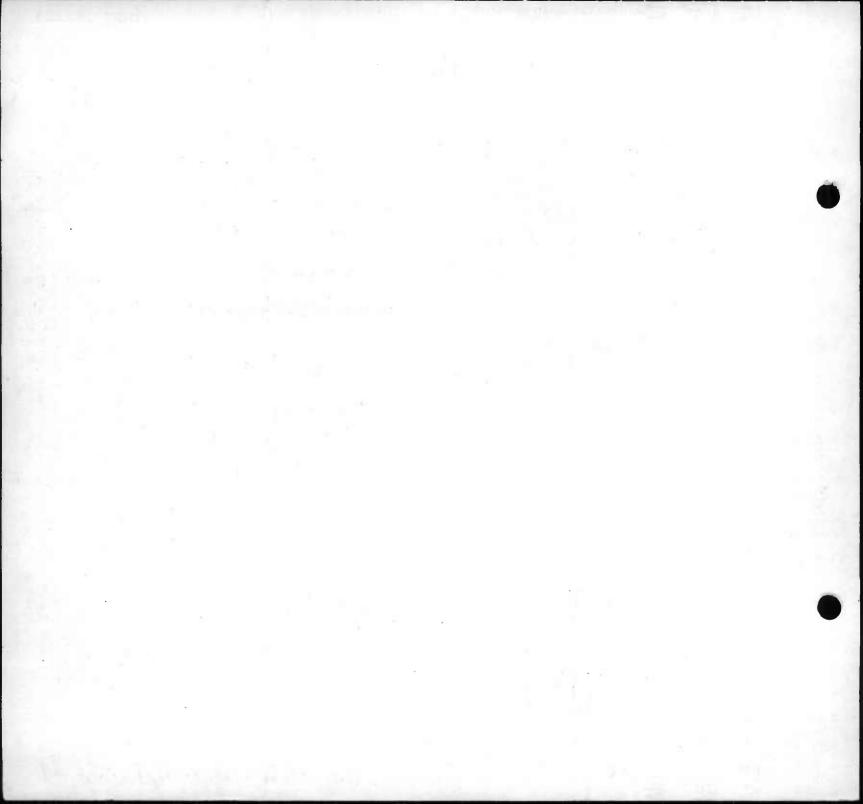
131 1968

25A. DATE REC'D

VS 150-REV. 1/1/6B

ltimore

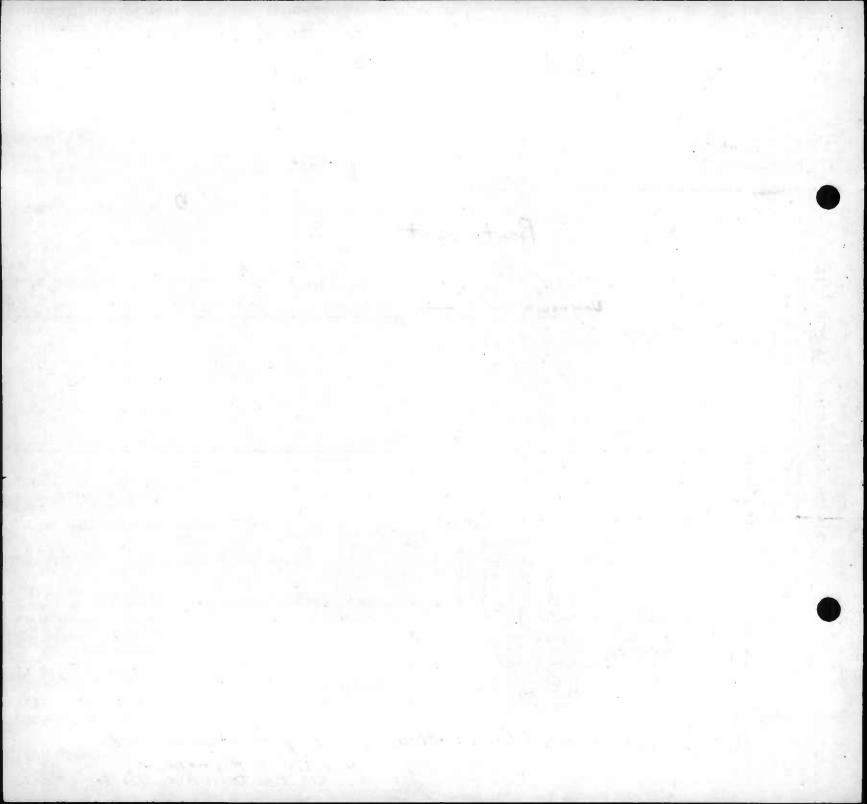
ADDRESS



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VS 150-REV. 1/1/6B

	00	BALTIMORE CIT	Y HEALTH DEPARTMENT		CO 4000
DID	1 58- 1	209 CERTIFICA	TE OF DEATH	REG. NO	68- 1209
	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
	DEMETRIADES	ATMANAS		,25,196	8/11/20 Pm
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institu	tion: residence before admission)
HC	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	MARYLAN C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
1	FRANKUN SQUARE	HMCDITAL	BALTIMORT	YE	s No
	FINANCIN JAUNIC.	NOSPI IAC	E STREET AND NUMBER	STON AU	E
5. 5	SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	M WIDOW		5-23-89	29	
	A. USUAL OCCUPATION (Give kind of work 10B, KIND ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
		stau rant	TURNEY		U.S.A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE	
	JOHN DEMETRIA	DES	HNGELI	KI	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	YES Unknown		DESPINA DE	EMITRIDES	6707 BOSTONA
	18. 436.0 I	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		- 110		2 1000
	(This does not mean the made of dying,	(A) IMMEDIATE CA		***************************************	3 days
	heart failure, asthenia, etc. It means the diser injury ar complication which caused death.)		A CONSEQUENCE OF:		V
	ANTECEDENT CAUSES	H	nentons, s	24	Vrans
	DISEASES OR CONDITIONS, if any, give	ing (B) DUE TO, OF A	A CONSEQUENCE OF:	<i>/</i> C	7 COVV 3
	rise to the above cause (A) stoling	the			
	UNDERLYING CONDITION lost.	(C)			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
FIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	
CER.	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore Ci	ity, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, foctory, street, etc.)	office bldg., INJURY OCCUR?	,	
ш	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
\$	(APPROX.)	White At Work At Work			
	22. I certify that (1) (this haspital) attende	ed the deceased from 5:	15PM, JAN, 22,	968 1011:20p	PH. JAU. 25 19 68.
	that (I) (we) last saw the deceased alive	in JAN・アネ			n death accurred an the date
	and haur and fram the causes stated abave	e. (1) (We) (did) (did nat)	view the bady after death.		
	23A. SIGNATURE	1			B. DATE SIGNED
	anny 4	DEGREE PH	ending Med. Director	Staff Phys.	JAN, 25, 1968
	23C. PHYSICIAN'S NAME (Type) HYUNG KON	LEE, M.D.	23D. ADDRESS	0111) ST. BA	ALTIMORE, MD
24/	A. BURIAL CREMATION, 24B. DATE 246	DEGREE	EMATORY 24D. LO	CATION (City,	town, or county) (Stote)
	REMOVAL (Specify)	reex Orthodox	- 1		Md
25/		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11 mere,	ADDRESS
		RE Fallons	Nicholas T. 3021 Eds	Matthew	SR. L. M.
	GETTI ALZ INTO IN VAZ.	T. Land Market Committee of the Committe	1 2021 Fds	ICEN AVE	IJAITIMENT 110.



		68	3- 40	BALTIMORE CITY	HEALTH DEPARTMENT	1	68- 1210		
	BIRTH NO.		TE	10 CERTIFICA	TE OF DEATH	Registered Na	2.4.1.0		
1	M.E. CASE NO.	CEASED			2. DATE A	ND HOUR OF DEATH			
	(Type or Print)	MARY ANN L	AWYER		JANUARY 29, 1968 9:30 Pm.				
	3. PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE Who	ere deceased lived. If in:	stitution: residence before admission)		
	FULL NAME (give street	MARYLAND	Q_{i}	Q.Co 52-00		
	INSTITUTION	ST.AGNES H	OSPIT	AL	C. CITY OR TOWN (If or		(URAL ond give township)		
	160	WILKENS &			PASADENA D. STREET ADDRESS (III	21122			
	70	BALTO. 212				246 MAGOTH	Y BEACH		
	FEMALE	WHITE		NEVER MARRIED DIVORCED (specify)	12/28/80	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,		
			108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?		
	HOUSEW	working life, even if retired)			MARYLAND		U.S.A.		
	13. FATHER'S NA				14. MOTHER'S MAIDEN NA	MF	0.3.4.		
		JOHN R. DE V	ros	DEC 1D	BARBARA		DEC 1D		
	15. Was Deceoses	d Ever in U. S. Armed For	cos?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	NO		,	212031698	ST.AGNES H	OSPITAL, WII	LKENS & CATON AVE		
1	18.536	, 9 1		CAUSE OI	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	SE OR CONDITION DI	RECTLY		0 - 11		_		
	(This does	LEADING TO DEATH not mean the mode of	dvina e a	(A) PP	er G.L. He	Days			
	heort foilure,	osthenio, etc. It means	the diseose		er G.I. Hemorrhage Days.				
	injury or cor	mplication which coused		. Ulul	known etiology				
		ANTECEDENT CAUSES		DOLIO	answer erroregg				
		OR CONDITIONS, if above couse (A)							
		G CONDITION last.	John M.	()					
	578	× II	-						
	O THER SIGN	DEATH BUT NOT RELA			0 (11 / 17 /	1/-		
	DISEASE OR	CONDITION CAUSING	T.	HSCVD a		e Heart tail	ure Vear		
	= - 11	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOBY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?		
	ш -	NT WAS UNDERLYING	7 /21	B. PLACE OF INJURY le.g., in	YES	les			
	, OR CONTRIB	UTING CAUSE OF y medical examiner)		me, form, foctory, street, of		iii in Pallimore	: City, give exact location)		
	O 21 D. TIME	(Month) (Doy) (Year)	IHour 21	E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?			
	S OF INJURY			hile At Not While					
	22 1	1.000			WIADY 10	10 CO 10 NU	1ADV 20 (9		
	22. I certify that (I) (this haspital) attended the deceased from JANUARY 19 1968 to JANUARY 29 1968								
that (1) (we) ast saw the deceased alive an JANUARY 29 19 68 and that in (my) (aur) pinian death accurred an the de									
			ted abave.	(I)(We)(did)(did nat) v	ew the bady after death.				
	23A. SIGNATURE M.D. Ath. Phy					C. II	238. DATE SIGNED		
					Med. Director	Stoff Phys.	1/20/68		
1	23C. PHYSICI	Type) / /	0.1011		3D. ADDRESS	1000 1/11/451	10 0 00 70 1		
		WILL IAM E	SIGNO	JK M.D.	TAGNESHXDN H	HOSP WILKEN	NS & CATUN		
	24A. BURIAL CRI		24C.	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Ci	ty, town, or county) (State)		
	Burial	2-2-196	58 I	ouden Park Cem	eterv F	Baltimere, Ma	ryland		
	25A. DATE REC'E	AN OF ACCO	25B. NAME	OF REGISTRAR					
1	3	AN 31 1968 (dreets	E. tarkey MA	George J.Gono	e-4001 Ritch	ie Hgwy., Baltimere		
- 1	VS 150-REV. 1/1/	65			-79				

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68- 121		HEALTH DEPARTMENT	DEC NO	68- 1211
BIRTH NO.	CERTIFICA	TE OF DEATH	REG NO	attro at at
1. NAME OF DECEASED EVENTE G	WAGNER	2. DATE AN	-26-68	520 AN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	Maryland C. CITY OR TOWN	Baltin D. INSIE	ore 53 00 of city limits?
38 UNIVERSITY	HOSPITAL	E. STREET AND NUMBER	02-6	YES NO
		3018 3050	140	
Male White WIDOWED		9/12/28	9. AGE (In years lost birthdoy) 39	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND Odone during most of working life, even if retired) Chauffeur Cab	F BUSINESS OR INDUSTRY	Macula no	gn country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Henry Wagener		Mary Gra	ce	ADDRESS
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANYI		
N 6	220-22-9/13 CAUSE OF DEATI	Catherine Co	NRAP 301	A DEFO ICC
DISEASE OR CONDITION DIRECTLY	CARON	Catherine Co C BRONCHITIS ZO ISE +-POLYCYTHEM	CUR PULMONH	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	ISE 4-POLYCYTHEN	1/Ad-08651	Ty unto
(This does not mean the made of dying, e.g., hearl foilure, osthenio, etc. It means the disease,	DOL 10, OR AS	A CONSECUENCE OF:		1
injury or camplication which caused death.)	BRONC	HOPNEUMONIA		2-3wks
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.	· ·			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	TRACH	EDESOPHAGEAL	FISTULA	4-6days
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 B. CONDITION FOR WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 218		20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF hor etc	ne, form, foctory, street, of	n or obout 21 C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
O 21D-TIME (Month) (Doy) (Year) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.) WW	nile At Not While	e []		
22. I certify that (I) (this hospital) attended t		1-9-68	19 to 1 - d	26-68 19
that (I) (we) lost sow the deceased alive an	1-26-	18		lan death accurred an the dot
and her and from the causes stated above. (I) (We) (did) (did not) v		144	
23A. SIGNATURE DA A	44.0			23B. DATE SIGNED
Whtochron	M O GEGREE Phys	nding Med. Director	Staff Phys.	1-26-68
23C. PHYSICIAN'S NAME (Type)		UNIVERSIT	y HOSP	ITAL
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	(Stote)
Burial 1/30/68 Me	adouridoe	Come fer Di	rsev M	arvland
	OF REGISTRAR	25C. FUNERAL DIRECTOR	1001	ADDRESS
ALILE OF IRAG CIPCATA	2. Larbey MA	Combrose Tre	1328 SKY M	nsp.vel.
VS 150-REV. 1/1/68			W.	-

CHEWITT BENEVITS & CHEMISHED Branco Warner Wall TRACUERT PRINTER FORTH 37-1-1 7 - - 1 THE SECTION OF THE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIR	TH NO.		***************************************	10/11		201(11111		DE/ (111	REG. NO			
1. NAME OF DECEASED (Type or Print)						2. DATE	Known 🐰	Manth	Day	Year H	aur	
(тур	e or Print)	OWARD		EI	SENHOOD	OF DEATH	Estimated	January	7 24, 19	968	6:00	PM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Day		our	791.
FUL	NAME OF				STITUTION, GIVE STREET	PRONOU	NCED DEAD		1060	5	6.00	D
HOS	INSTITUTION	ADDRE	SS OR LOCA	TION)		C HICHAI DE		anuary 2			6:00	
2	2					A STATE	SIDENCE (Where		. It institution: r	esidence beto	re odmiss	on)
2) Joh	ns Hopl	kins H	ospit	al	M.	aryland			17	(-()	
6. S	EX	7. RACE		B. MARE	RIED NEVER MARRIED	C. CITY OR	TOWN	D	INSIDE CITY	LIMITS?	,	
1	fale	Whi	to		WED DIVORCED	Ra1	timore		YES	T		
	ATE OF BIRTH		10. AGE (II		If Under 1 Yr. If Under 24 Hrs.		ND NUMBER		AF2	NO		
	AIL OF BIKIT		last birthdo	y)	Months Days Hours Min.							
			X.X	70			037 W. Ho	Llins St	reet			
111.1	BIRTHPLACE (S	tate or foreig	in country)		12. CITIZEN OF	13. FATHER'S	NAME					
	Mary	land			WHAT COUNTRY?	Ho	ward Ei:	senhoo	7			
	USUAL OCCU	PATION (Give		14B. KIND	OF BUSINESS OR INDUSTRY				<u> </u>			
done	during most of w		en if retired)	7.7		Λ						
1.0	Carr		II C A DAAFF	IV &	WSDapers S? 17. SOCIAL		anda -		400	DECC		
(Yes	WAS DECEASI , no or unknown)	(If yes, give v	vor or dotes	of service		1B. INFORM	-			RESS		
	No					Geo.	R. Gordo	on 837	Holl1	ns St		
	19. 5 01	13			CAUSE OF DEA					APPRO	XIMATE INT	
	E 0 /	7.								DELWEEN	UNSET AN	DUCATH
		E OR COND LEADING TO		CTLY		Mii	ltiple in	iuries				
		ot mean the		ina e a	(A)IMMEDIATE C	AUSE		Jarres				
	heart failure,	osthenia, etc.	. It means the	disease,	DUE 10, OR A	AS A CONSEQ	JENCE OF:					
	injury or com	aplication which	n coused de	om.)								
	AA	NTECEDENT	CAUSES		(n)							
		OR CONDITION		, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:					
	RISE TO THE	ABOVE CAL	USE (A) STA	ING THE								
z	UNDERLIN	NO CONDIII	ON LAST.		(C)		***************************************					
CERTIFICATION	F 810	0.5	11									
	OTHER SIGN	IFICANT CON										
프		CONDITION					******					
2	20A. DATE OF	OPERATION	1 20B. COI	NOITION	FOR WHICH OPERATION WA	AS PERFORM	ED		2	21. AUTOPS	/? (Yes or	No)
Ö	1-24-68		Mu	ltip1	le injuries				Sherra I	No		
4		NAL CAUSE		- c-p		in an about 20	C WHERE DID (K := D-14: C	74			
MEDICAL	UNDERLYING				22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	e bldg., etc.) IN	JURY OCCUR?	ir in Boltimore C	. Ity, give exoct	locorion	-0:	9
	UTING CA				Street		Eastern	and Bro	oadway	ar.		
	22D. TIME (OF INJURY	(Month) (D	oy) (Year) (Hou	22E.INJURY OCCURRED	5) 22	F. HOW DID INJ	URY OCCUR?				
	(APPROX.) 1	-24-68	2:2	5 P	m. WHILE AT NOT	WHILE X	Pedestria	n struc!	by tra	actor-t	rail	er
	23.				III. WORK LI AI W	OKK LEFT						
	I certi	ify that I he	eld on 1	nquiry [Inspection X Au	topsy	ond that on th	is bosis, de	oth in my or	oinlon		
		ed from: N			Accident X Suicid							
	result	ed from: N	0					Indetermined				
	ACTUAL	(1	1. 1	0	1 - 1		HIEF MEDICAL E		7	DA	TE SIGN	ED
	SIGNATU	JRE V	ean	3 1.	M.D.	ASSIS	TANT MEDICAL E	XAMINER K				
	EXAMINI	CD C	1 0	-		ASSO	CIATE MEDICAL EX	XAMINER [1-25	5-68	
	NAME (T		ries S	. Spr	ringate, M.D.							
244	BURIAL CREA	MATION, 2	4B. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, town, o	or county)	(Stote	•)
REA	MOVAL (Specif		2/	100	0-		1 00					
	Buria		1/31/		Glen Have			Len Bui				
25A	. DATE REC'D	BY HEALTH	PEPT.	25B N	NAME OF REGISTRAR		UNERAL DIRECTO	R	ADD	DRESS		
			- 1900	J UL	Leut E. Farbert	JO	HN F. DE	ENNY.	INC. 7	15 Li	ght	St.
V.5 :	E1 DEM 1/1/1-										-	
V 5 1	51-REV. 1/1/6B	N	69.1							when		5 V

TORREST NAMED OF THE PARTY. MENDONE - EXPONES TO PROTEIN SUPERINGED IN

*	1	CO 4049 BALTIMORE CITY	HEALTH DEPARTMENT
4-	2 20	68- 1213 CERTIFICA	TE OF DEATH REG. NO
	l and death eased n the Such	BIRTH NO. 1. NAME OF DECEASED (Type or Print) MABE L. T. PINTECKI	2. Date and hour of Death January 26, 1968
	of of Dec ce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institut A. STATE B. COUNTY
	se; se; to	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore City Hospitals	C. CITY OR TOWN Baltimore D. INSIDE C
	buting ned cau lar afte d prior	3 / 4940 Eastern Ave. Baltimore, 21224, Md.	E. STREET AND NUMBER 433 S. Bonsal St. # 2122
	occurred in ontributing ermined ca regular at eased prior is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Nov. 3, 1896 9. AGE (In years lost birthday)
	det det in dec	done during most of working lite, even if retired) House Work At Home	Baltimore , Md.
-	if d ect (4) U wa the spos	13. FATHER'S NAME Charles White	14. MOTHER'S MAIDEN NAME Nae Griffin
IMPORTANI	istant he dii kind; death ce on nal di	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) No 16. SOCIAL SECURITY NO.	17. INFORMANT George P. Piniecki
UNERAL DIRECTOR:	medical examiner. Als nedical examiner. Als burns; (3) A fracture o physician who pronou an was in regular att	heoit foilule, ostherilo, etc. It means the disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	A CONSEQUENCE OF: A CONSEQUENCE OF: There electes
FUNE	the chief al by a r (2) Body ere the r physicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH PERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., long, form, foctory, street, o	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES in or obout 21C. WHERE DID (If in Boltimore Cit office bidg., INJURY OCCUR?
	ospite ature; pt wh (6) No	DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) While At Not While At Work	
•	e appro of any tal (exc th); and	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and hour and fram the causes stated obave. (I) (We) (did) (did not) to	19 to
	mus ccide ccide a hos to d	23A. SIGNATURE AMPHY 23C. PHYSICIAN'S DEGREE PHY	ending Med. Shaff Phys. 23B
	his certificate to body was rows: (1) An a ras D.O.A. at eccased prior ritten approv	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 1-30-68. Sacred Heart (EMATORY 24D. LOCATION (City, to
	This certhe bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Sharles J. 22 Can Baltimor

VERE FINDINGS CONSIDERED oltimore City, give exact location)) apinion death accurred on the dote 23B. DATE SIGNED 1-29-68 23 D. ADDRESS 23C. PHYSICIAN'S NAME (Type) Rafael A. Santayana 6010 Eastern Ave., Baltimore, 21224, Md. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 1-30-68. 7401 German Hill Rd., Ba.Co., Md. Sacred Heart Cemetery Burial 25C. FUNERAL DIRECTOR 6224 Eastern Ave.
Baltimore, 21224 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

1968.

INSIDE CITY LIMIT YES X

21224 .

4:15 A.

NO

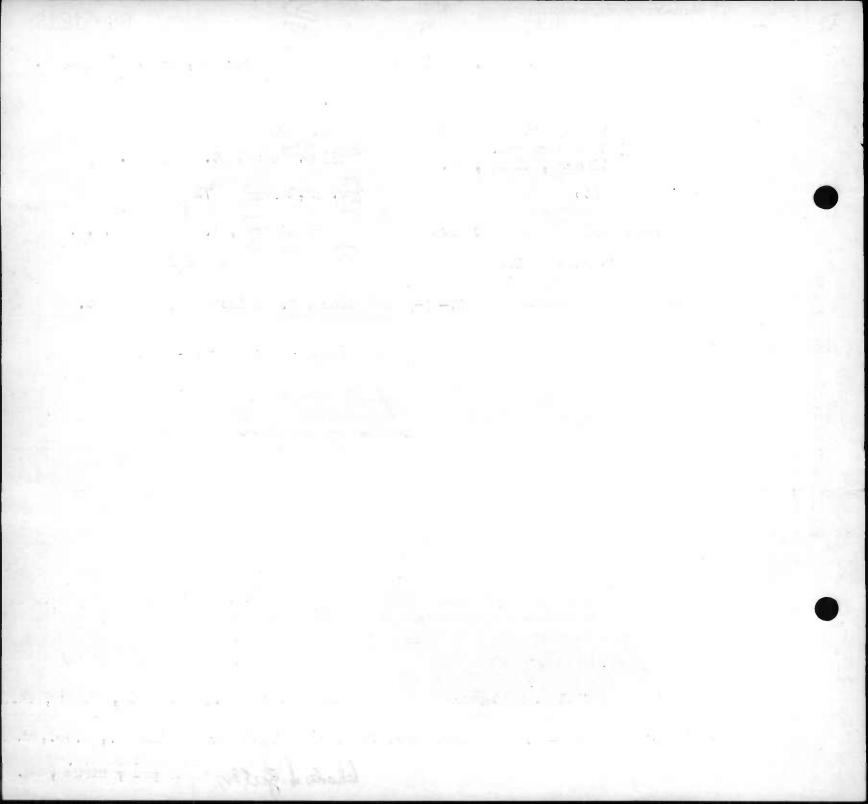
If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS Same.

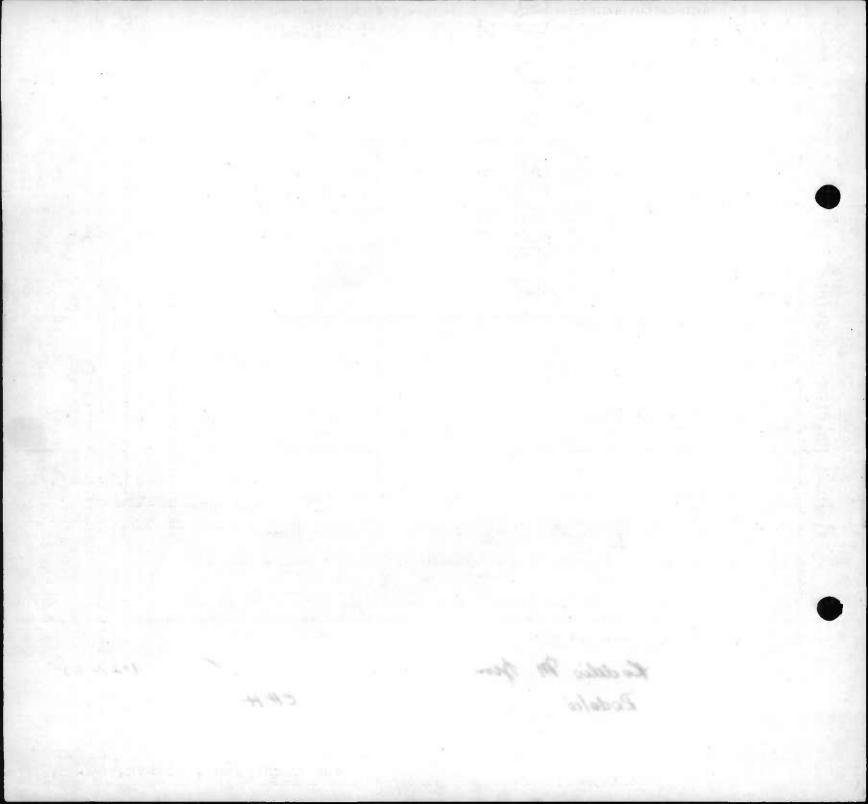
If institution residence before admission)



	BALTIMORE	CITY HEALTH	DEPARTMENT

		00	4044
Н	REG. NO	- DO	1214

Ped Pe	BIRTH NO. 68- 1214 CERTIFICA	IE OF DEATH
and eath ased the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- Sed	(Type or Print) EDITH KEECH	24 JAN 1968 1205 PM.
of do Dece on ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
hos ise (5) and de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
cau use; tend		BALTIMORE YES A NO
in age	25 CHurch Home i Itaspital	E. STREET AND NUMBER
ting d cau r att prior	BALTIMURE Md.	CHURCH HOME (0-03
bo d ad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Haurs; Min.
occur ontrik ermin regul sased is ma	CAUC WIDOWED A DIVORCED	12-25-1876 91
U U U		11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
det det	done during most of working life, even if retired)	maniford USA
dea Unc as as	13. FATHER'S NAME	Manyland USA
if dect way		
+	Levry Keech	EllASAL MARTIN
B B B 0 -	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 101 W MONUMENT of
kin kin de ina	NO -	Wass Wary Plummer 100 W MONUMENT of BALTO MG.
1 4 5 B B T T T T T T T T T T T T T T T T T	18. ZZ A S CAUSE OF DEATH	APPROXIMATE INTERVAL
his a lso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	SE CONGESTIVE HEART FOILIS
	(This does not mean the mode of dying, e.g., DUE TO, OR AS A	CONSEQUENCE OF:
er. ctu	hearl failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	
in a series	ANTECEDENT CAUSES	0110
am fr tho ho	(0)	A CONSEQUENCE OF:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ise to the obove couse (A) stating the	A 11 \ 1
a constant	UNDERLYING CONDITION lost. (C)	Married Duylo
medica nedica burns; hysici n was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
by a m) Body) by a m) by a m) by a m hysicia ore the correct or the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
the (2) ere or ph	OP CONTRIBUTING CAUSE OF home form factory street off	n or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	DEATH (notify medical examiner)	
0 4 × 10		21F. HOW DID INJURY OCCUR?
ed atu (6)	While At Not White At Wark	· 🗖 📗
rov ny n xce xce btai		
th th any ob		
to t	that (I) (we) last sow the deceased office an	19ond that in(my) (aur) opinion death occurred an the date
ust be dent o ospita death must l	ond hour ond from the causes stated obove. (1) (We) (did) (did not) vi	iew the bady ofter deoth.
ased dent ospit deat must	23A. SIGNATURE	238, DATE SIGNED
5 2 5 6 0 -	Lo delio M. Jin DEGREE Phys. 23C. PHYSICIAN'S	nding Med. Shaff 1-27-68
	23C. PHYSICIAN'S	23D. ADDRESS
ificate was r A an a A at d prior	NAME (Type) Podelin	CH H
certificat sody was /s: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
+ ~~ ~ ~	REMOVAL (Specify)	
ws: Ws: D. D.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10000000
his of or	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
三十二 3 4 3	1AN 21 1000 A A A T. O	John Burns Sons, Towson, Md.



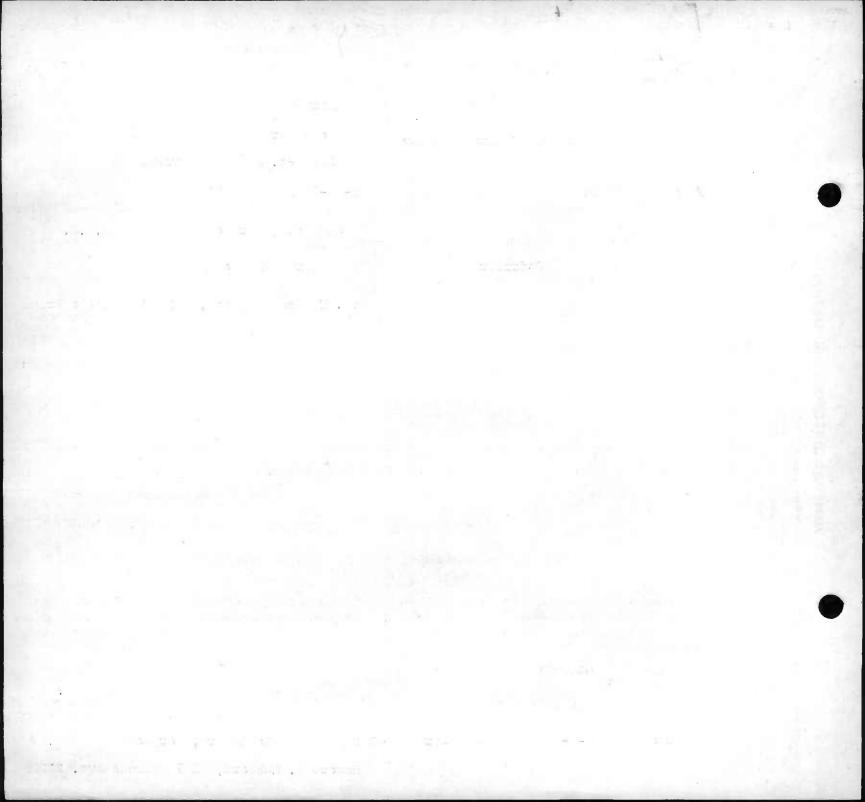
•	FUNERAL DIRECTOR: IMPORTANT	P-
This certificate must be approved the body was released to the host shows: (1) An accident of any naturals D.O.A. at a hospital (except deceased prior to death); and (6) written approval must be obtained	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	455

68- 1215 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	68~	1945
EG. NO		71970

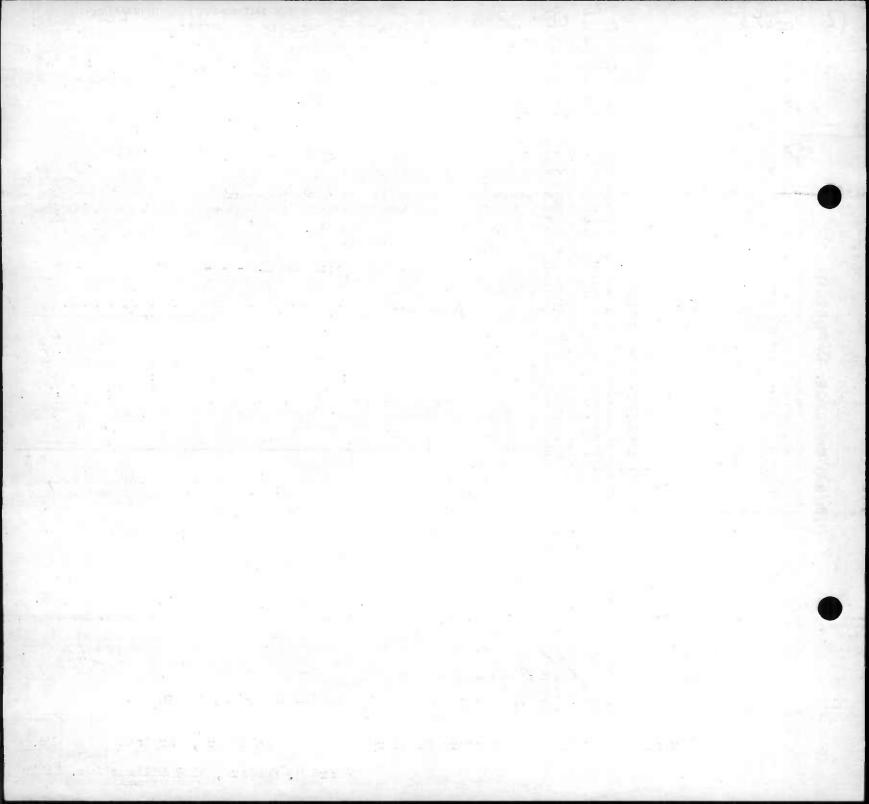
Howard H. Hubbard, 4107 Wilkens Ave. 21229

NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
Type or Print) DAISY Plunkert	1-29-68	4:30 p.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: r. A. STATE B. COUNTY	esidence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	20-00
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	c, CITY OR TOWN D. INSIDE CITY L	IMITS?
	Baltimore YES X	№ П
South Baltimore General Hospital	E. STREET AND NUMBER	
	2680 St. Benedict Street	
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Unde	Days Hours Min.
Female White WIDOWED A DIVORCED	7-10-1895 last birthday Months	60 3040
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. 8 RTHPLACE (State or foreign country) 12. Cit)	ZEN OF WHAT COUNT
done during most of working life, even if retired)	Baltimore, Maryland	U.S.A.
Housewife 3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Spurrier	Henrietta Chaney	1000555
5. Was Deceased Ever in U. S. Armed Forces? fes,no or unknown! (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	Mrs. Thomas Sullivan, 1038 Gler	n Villa Drive
18. CAUSE OF DEATH	of Caucer	APPROXIMATE INTERVAL
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	us to liver	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or Nol 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED LIVER BIOPSY:	NO IN CERTIFYING CAUSES OF	DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 1 - 2 > - 6 P	IN CERTIFYING CAUSES OF	DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED LIVER BIDD L. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	IN CERTIFYING CAUSES OF	DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not While	IN CERTIFYING CAUSES OF Tor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 1 - 2 - 6 P WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work	IN CERTIFYING CAUSES OF Tor obout 21C. WHERE DID (If in 8altimore City, give bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	DEATH? re exoct location)
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not While	IN CERTIFYING CAUSES OF Tor obout 27C. WHERE DID ice bidg., NJURY OCCUR? 21F. HOW DID INJURY OCCUR?	DEATH? re exoct location)
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198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased olive on ond hour off fram the causes stoted above. (I) (We) (did) (did nat) vi 23A. SIGNATURE Attended Attende	IN CERTIFYING CAUSES OF It or about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 0 and that in (my) (our) opinion decisive the body after death. 23B. DA' 33D. ADDRESS	DEATH? Te exact location) 19 60 The signed on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occur
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED LIVER BIDDEN 1 - 2 7 - 6 P WAS PERFORMED LIVER BIDDEN 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.] 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work Wark At Work At Work Wark At Work At W	IN CERTIFYING CAUSES OF Torobout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 68 and that in (my) (our) opinian decides the body after death. 23B. DA and Director Staff Phys. P 23B. DA ADDRESS South Baltingre General	Pe exoct location) 19 6P th occurred on the d Hospital
198. CONDITION FOR WHICH OPERATION WAS PERFORMED LIVER BIDD LIVE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21D. TIME (Manth) (Day) (Year) (Haur) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While AI Not While AI Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on 1-29 and hour and fram the causes stated above. (I) (We) (did) (did nat) vice of the control of the control of the causes stated above. (I) (We) (did) (did nat) vice of the control of the causes stated above. (I) (We) (did) (did nat) vice of the causes stated above. (I) (We) (did) (did nat) vice of the causes stated above. (I) (We) (did) (did nat) vice of the causes stated above. (I) (We) (did) (did nat) vice of the causes stated above. (I) (We) (did) (did nat) vice of the causes of the causes stated above. (I) (We) (did) (did nat) vice of the causes of th	IN CERTIFYING CAUSES OF It or about 21C. WHERE DID it in 8 altimare City, give bidg., in JURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 9 and that in (my) (our) opinion dead in the body after death. 23B. DA' 13D. ADDRESS 50 of h BA/Timore General MATORY 24D. LOCATION (City, town,	TE SIGNED Hospital or countyl (Stotel
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22D. TIME OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22D. TIME OF INJURY (APPROX.) 23A. SIGNATURE 23C. PHYSICIAN'S DEGREE 24A. BURIAL CREMATION, [248. DATE 24A. BURIAL CREMATION, [248. DATE 24C. NAME of CEMETERY of CRE	IN CERTIFYING CAUSES OF It or about 21C. WHERE DID it in 8 altimare City, give bidg., in 3 purple of the bidg., in 19 purple of the bidg. 21F. HOW DID INJURY OCCUR? 19 Purple of the bidge of the bi	TE SIGNED Hospital or countyl (Stote



				-
RGE				5
3	FUNERAL DIRECTOR: IMPORTANT	OKIANI		
This certificate must	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	assistant if dea	ath occurred in a hospital and	1
the body was release	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 🕜	if the direct or	contributing cause of death	
shows: (1) An acciden	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ny kind; (4) Und	determined cause; (5) Deceased	300
was D.O.A. at a hosp	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	d death was	in regular attendance on the	
deceased prior to de	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	lance on the d	leceased prior to death. Such	1
written approval mu	written approval must be obtained before the remains are embalmed or tinal disposition is madde.	r final dispositi	on is made.	
		1	E 1	
24	MEDICAL CERTIFICATION	3. Y e	33. Ty	

	68-	121	BALTIMORE CITY			REG	No.	68	- 12	16
BIRT	H NO.		CERTIFICA	TE OF D		/				
	AME OF DECEASED	D 1				ND HOUR OF			0.50	٨
1	James Uscar I					Jan. 28,			8:52	M.
H	LACE IN BALTIMORE, MARYLAND, WHERE IL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION)			A. STATE	B. COU	ere deceosed I NTY	ived. If ins	titution: reside	5	odmission)
INS	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TO	wn ltimore	1	D. INSI	DE CITY LIMITS		
US	Public Health Service	Hosp	oital	E. STREET AND		Co		YES T	№	
X	3100 Wyman Pk. Drive			432	2 Barr	ington E		21229		
S. S		ARRIED E	NEVER MARRIED DIVORCED	8. DATE OF BIR 4/7/0		9. AGE (In y lost birthdoy)	eofs	If Under 1 Y Months Doy	r. If Under	er 24 Hrs. Min.
	USUAL OCCUPATION (Give kind of work 10B, b)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or for	eign country)		12. CITIZEN		COUNTRY?
done	Chief Engineer	Seaf	arer	Calif	•			US	SA	
13. [ATHER'S NAME			14. MOTHER'S	MAIDEN NA	AME				
	George Reher			xxk	Nolli	e				
15. V	Vos Deceosed Ever in U. S. Armed Forces?	(a siusa)	1 6. SOCIAL	17. INFORMANT	Г	-		AD	DRESS	
(162	,no or unknown) (If yes, give wor or dotes of s Yes USN 1920_19		251-18-8053	Recor	ds- US	PHS Hos	spital	. Balto	Md.	
	1B	21	CAUSE OF DEATH					AP	PROXIMATE IN	
	DISEASE OR CONDITION DIRECTL	. Y							EEN ONSET A	,
	LEADING TO DEATH		(A) IMMEDIATE CAU			n of her	patic		2 wks.	+
	(This daes not mean the made of dying heart failure, asthenia, etc. It means the c injury or complication which caused death	disease,	DUE TO, OR AS	A CONSEQUENC	e of: al	ict				
	ANTECEDENT CAUSES		0	arcinoma	of the	pancre	as	U	nknown	1
	DISEASES OR CONDITIONS, if ony,	giving		A CONSEQUEN						
	rise to the above cause (A) statis	ng Ihe	(c)							
z	157X II	UTING			-					
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER	MINAL								
O	DISEASE OR CONDITION GIVEN IN PART 1 (A	N FOR W	HICH OPERATION	20 A. AUTOP	SY? (Yes or N	o) 20B. IF YE	S, WERE F	INDINGS CO	NSIDERED	
CERTIFIC	WAS PERFORM	ED			yes	yes	TING CAL	INDINGS CO	IH?	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21 B. home	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 C. W fice bldg., INJUR	HERE DID Y OCCUR?	(If i	n Boltimore	City, give exe	act location)	
	21 D. TIME (Month) (Doy) (Yeor) (Ho	ur) 21 E.	INJURY OCCURRED	21 F. H	OW DID IN	JURY OCCUP	?	- 77		
Ž	OF INJURY (APPROX.)	Whi	le At Not While	e 🗇						
	22. I certify that (1) (this hospital) atta			ec. 18		19 67 ta	Jan	. 28	10	68
	that (I) (we) last saw the deceased ali				and a	hat in (my)				
	and hour and fram the causes stoted of						our, opir	nun deom o	ccorred on	the dote
	23A7 SIGNATURE	pave. (y	(we) (did) (did both o	iew the body o	otter deoth	•		23B, DATE SI	GNED	
1	Marian H. Honda	la das	Atte		Ned.	Staff Phys.			29/68	
	23C.PHYSICIAM'S NAME (Type)			23D. ADDRESS			2.1	262		
	Nerman H. Peckham, Sur	geon	(R) OEGREE	US F	'HS Hos	pital,	Barto	, Md.		
24A	BURIAL CREMATION, 24B. DATE		ME of CEMETERY or CRE	MATORY	24D.	LOCATION	(Cit	y, town, or co	unty)	(Stote)
25A	Burial 2/1/68 DATE REC'D BY HEALTH DEPT. 25B.	We NAME O	stern Cemeter	2SC. FUNER	Ba DIRECTO	altimore	e, Mar		ADDRESS	Md.
VS	JAN 31 1968 D.C.	\$ 2	For Orne	Howard	H. Hu	bbard,	4107 V	Vilkens	Ave. 2	21229

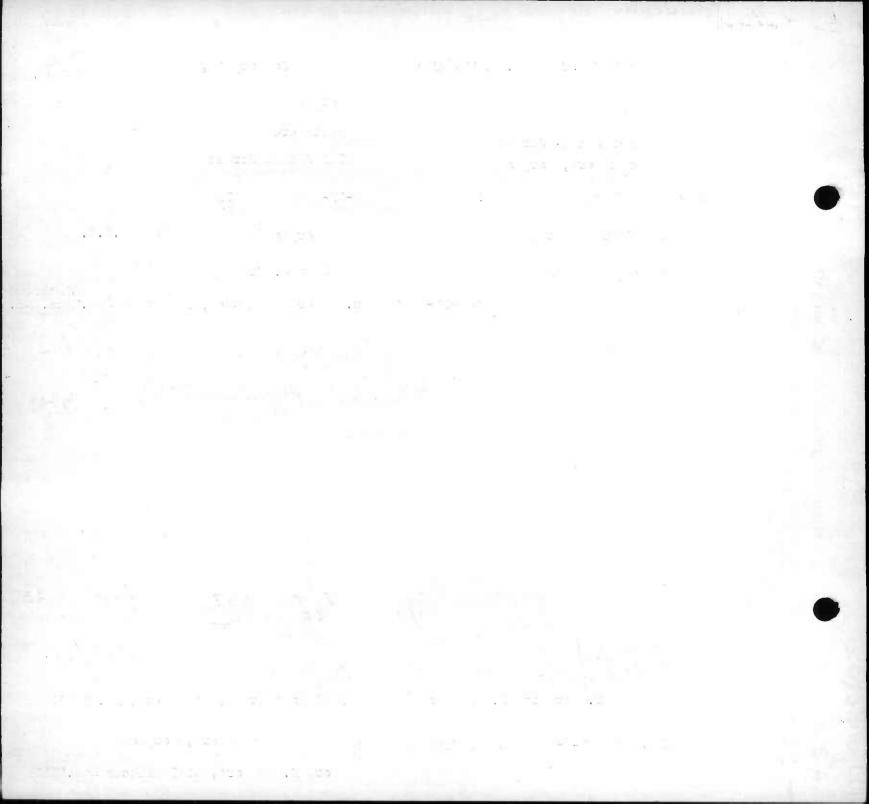


was D.O.A.

shows: (1) the body

-	2112	68-1217 BALTIMORE CITY HEALTH DEPARTMENT 68-1217
	- 2402	BIRTH NO. 68- 1217 CERTIFICATE OF DEATH REG. NO. 68- 1217
	ath sed the uch	
	0 0 0	(Type of Print) MARGARET B. EGGLESTON 2. DATE AND HOUR OF DEATH January 29, 1968
	0 0 0 -	2 BLACE IN PALTIMODE MADVI AND WHERE PRONOLINGED DEAD 4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission
	# 0 O o 5.	A. STATE B. COUNTY
	hospit use of (5) De ance death	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) GOLVER TOWN D INSIDE CITY ON TOWN
	cause use; (5) endanc to dec	INSTITUTION
		1715 Spence Street Baltimore YES NO E. STREET AND NUMBER
	d cau d cau r att prior e.	1715 Charles Charles
	- 70 E D	battimore, maryiand
		lost birthdoy) Months Doys Hours Min.
	occu ontril ermir regu regu sased	Female White WIDOWED X DIVORCED 4-23-1888 79 (10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	400 to 100 c	done during most of working life, even if retired)
	or inde	Retired Store Owner Maryland U.S.A.
	D + D e s	13. FATHER'S NAME
-	if (4)	John Hein Anna C. Grothey
Z	e di ind; eath e on	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 17. INFORMANT Linthicu
IMPORTAN	assistant if the di ny kind; d death lance on	219-32-0042 Mr. Howard Eggleston, 319 Hance Ave. Hgts. Md
X	f t f t d d d d	CAUSE OF DEATH
P	ar ar	DISEASE OR CONDITION DIRECTLY
2	. = 0 2 = 9	LEADING TO DEATH (A) IMMEDIATE CAUSE PENCEL hemorihane sudden
		(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease,
OR	5 2 7 7 5 6	injury or complication which coused death.)
9	ring Fra gul	ANTECEDENT CAUSES (2) Prolinosclardia Pyperliname
5	A A A	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE ON
IRE	(3) (3) s a	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)
5	B	
3	nedical edical burns; hysicia n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
A	W U D D A	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (A).
NERA	chief m / a me Body be the ph ysician e the re	
Z	chie Bod the ysic e th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	he he (2)	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF HAURY (e.g., in or obout[21G. WHERE DID (If in Boltimore City, give exoct locofion)
	- a - e - e	DEATH (notify medical examiner) etc.)
	d & T b	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
	hos atu (6)	♥ OF INJURY While At Not While At Work At Work

22. I certify that (I) (this haspital) attended the deceased from and that (n(my) (aur) apinian death accurred an the date and bour and fram the causes stated above ((b) (We) (did) (did nat) view the bady after death. 23 B. DATE SIGNED Attending X Med. Director L 23D. ADDRESS 23C PHYSICIAN'S NAME (Type) J. Levickas 5404 East Drive, Baltimore, Md. 21227 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 2-1-1968 Loudon Park Cemetery Ba:
HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Baltimore, Maryland BURIAL ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/6B



This certificate

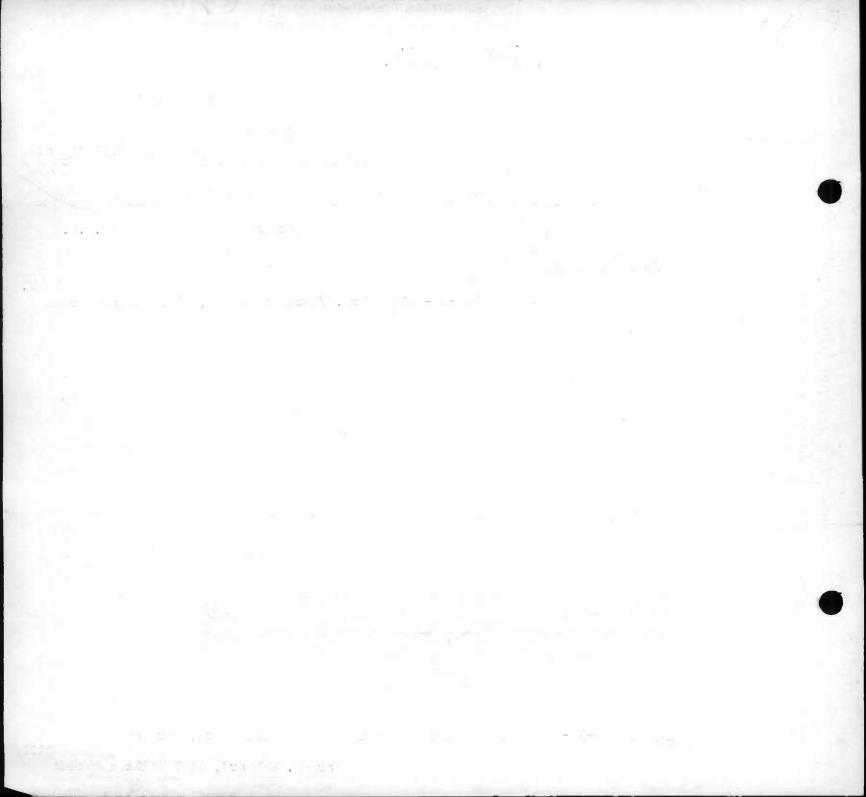
shows: (1) was D.O.

on the

	00 101	BALTIMORE CITY	HEALTH DEPARTMEN	NT T	
>	68- 121	CERTIFICA	TE OF DEAT	H REG NO	68-1218
ì	I. NAME OF DECEASED	P		E AND HOUR OF DEATH	OO INIO
	FIOT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		1/28/68	1.10 Am M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD		(Where deceased lived. If inst	titution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	UTION, GIVE STREET	MARYLAND	Baltimor	ce (a) 53 e00
	HOSPITAL OR ADDRESS OR LOCATION)	, , , , , , , , , , , , , , , , , , , ,	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
e Pri	LUTHERAN		XXXXXXXXXX	X-Arbutus	YES 🔀 NO 🗌
	HO SPITAL		E. STREET AND NUME	FR	XXX 4713 Aldgate
	OF MARYLAND.		XXXXXXXXXXX	XXXXXXXXXXXXXXX	XX Green
	FEMALE WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH /26 / 8	9. AGE (In years lost birthday) 81 **XXXXXX	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF			/	12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)				
	RETIRED			yland	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Clarence Windle		Un	known	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21227
	di yes, gire vei a deles di selvice.	218-16-0928	Mrs. Floren	ce Bishop, 4713	
	18,	CAUSE OF DEAT		, oc 225110p, 1725	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	AND MANAGORATE CAL	150 Restatzalo	y Failure de	2
	(This daes not mean the mode of dying, e.g.,		A CONSEQUENCE OF:)	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A		/	
	ANTECEDENT CAUSES	to Pm	oum onit	with class	24.44
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	/	970 C
	rise to the above cause (A) stating the	0			
	UNDERLYING CONDITION last.	(c) braw	i synoce	n o	
	z 493 × 11				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	ar No) 20B. IF YES. WERE FI	INDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		7,010.31	IN CERTIFYING CAU	SES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.g., i			City, give exoct lacotian)
	OR CONTRIBUTING CAUSE OF home etc.	ne, farm, factory, street, of	ffice bldg. INJURY OCCL	J R?	
	Σ	INJURY OCCURRED	215 HOW DI	D INJURY OCCUR?	
	OF INJURY	ile At Not Whil		D INJURY OCCUR:	
	(APPROX.)				
	22. I certify that (+) (this haspital) attended t	he deceased fram	1/21/68	19ta/_	128/68 19
	that (1) (last saw the deceased alive an	1/27/68	19a	nd that in (my) (our) opin	ian death accurred an the dat
	and haur and fram the causes stated abave. (/			
	23A. SIGNATURE	., (31-1)	5557 51151 55		23B. DATE SIGNED
	100 to the		ending Med.	Staff Phys.	1/28/68
	23C. PHYSICIAN'S	DEGREE Phy	s. Director (230. ADDRESS	Phys.	/ - / 00
	NAME (Type) P-P-JOSH			ST RE	AUTIMORE
Ì,		DEGREE			
	24A. BURIAL CREMATION, 24B. DATE 24C.N. REMOVAL (Specify)	AME of CEMETERY at CRI	EMATORY 2	4D. LOCATION (City	y, tawn, ar caunty) (State)
		don Park Ceme	tery	Baltimore, Mar	•
		OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS 2122
ĺ	IAN OF THE WALL	A 2 A	Howard H.	Hubbard, 4107 V	Wilkens Avenue

1-31-68 Loudon Park Cemetery Baltimore, Maryland Burial 1-31
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Avenue

21229



1	0 - 1.	68- 1219 BALTIMORE CITY HEALTH DEPARTMENT
5	7 () ()	CERTIFICATE OF DEATH REG. NO. 68-1219
	of death of death Deceased e on the	1. NAME OF DECEASED (Type or Print) Raymond Estrada 2. DATE AND HOUR OF DEATH Estrada 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
•	curred in a hospi tributing cause o mined cause; (5) D gular attendance sed prior to deat made.	FULL NAME OF ADDRESS OR LOCATION) FULL NAME OF BITTH FULL NAME OF BITTH SOUTH SET OF SEY C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER FULL NAME OF BITTH SOUTH SET OF BITTH SOUTH SET OF BITTH SOUTH SET OF BITTH FULL NAME OF BITTH SOUTH SET OF BITTH SOUTH S
ANT	direct or direct or id; (4) Under ath was in on the decontrol disposition	10Å, UŠUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY of Working life, even if relired
DIRECTOR: IMPORTAN	examiner or his examiner. Also, (3) A fracture of ar n who pronounce in regular attends are embalmed o	Quirk Funeral Home, 89 Engle St. N.J. The control of the contro
FUNERAL	ed by the chief me nospital by a mec ature; (2) Body bu pt where the phy (6) No physician ined before the re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED While At Work While At Work At Work
•	certificate must be approody was released to the s: (1) An accident of any D.O.A. at a hospital (exased prior to death); aren approval must be ob	22. I certify that (#) (this hospitol) ottended the deceosed from
	This cer the bod shows: was D.(decease	JAN 31 1968 VS 150-REV. 1/1/68 258. NAME OF REGISTRAR PLAN 2 Structure 1258. NAME OF REGISTRAR PLAN 2 Structure 1258. NAME OF REGISTRAR Howard H. Hubbard, 4107 Wilkens Ave. 21229

(Stote) wn, or county) Jersey ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. 21229

The White Search Puerty Ti Series Sunt CHAMS 1213 Night Street M. the cart I was all if transfer

68-	1220	BALTIMORE CITY HEALTH DEPARTMENT
00	THAM	CERTIFICATE OF DEATH

	CERTIFICA	TE OF DE	ATH	EG. NO	68-	1220
BIRTH NO. 1. NAME OF DECEASED			2. DATE AND HOUR	OF DEATH		
(Type or Print) HELEN & GI.	LLIAM		1/28/6		age	4 P M.
3. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF (IF NOT IN HOSPIT) HOSPITAL OR ADDRESS OR LOCAL INSTITUTION	AL OR INSTITUTION, GIVE STREET	A. STATE C. CITY OR TOW	ENCE (Where deceas B. COUNTY		itution: residence	7-14
44 UNION MEMO	RIAL HOSP,	BALTI E. STREET AND 1019			YES D	NO D
5. SEX 6. RACE WHITE	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	lost birtho	In years day)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	MARYL		у)	12. CITIZEN O	FWHAT COUNTRY?
13. FATHER'S NAME John ZadaRogny		Merce		re		
15. Wos Deceosed Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or dote		17. INFORMANT Thomas	E GilliA	m 1019	W Coll	
DISEASE OR CONDITION DIF LEADING TO DEATH (This does not meen the mode of	(A) IMMEDIATE CA	2.1.1	eral bra	rchoßin		ROXIMATE INTERVAL EN ONSET AND DEATH
heort foilure, osthenio, etc. It meons injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	the disease, death.)	e Subvia S A CONSEQUENCE	e recus	to b	e S) WEEKS
rise to the obove couse (A) UNDERLYING CONDITION lost.	-11,1 9,1119	Well				200
## WAS PER	HE TERMINAL T I (A). DITION FOR WHICH OPERATION FORMED	20A. AUTOPSY	IN CE	YES, WERE FIN	NDINGS CONS	SID ERED
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)	in or obout 21C. WH	IERE DID	(If in Boltimore	City, give exoc	t locotion)
21 D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED While At Not Whi Work At Work	ile 🗂	W DID INJURY OC	CUR?		
22. I certify that (I) (this haspital that (I) (we) last sow the decease and hour and from the causes state	ed alive on	19.68	ond that in(m	y) (aur) oplni	on death occ	curred on the dote
23A. SIGNATURE 23C. PHYSICIAN'S	1 M. DEGREE Phy	ending Me ys. Dir	ed. Shaff Phys.		1/28/	168
NAME (Type) NOUBAR 24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	44104	PICHOR.		tospij	
13 EMOVAL (Specify) 2-1-6 25A, DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL	Wood	Zun B	2/to C	,
JAN 31 1968 (VS 150-REV. 1/1/68	Post E Falley -	Burge	/ _ /	Home	7 /	6 MJ

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Samuel Sa THE DESCRIPTION AND THE 14 32-51-6 MARKARN) . INTERES 151 25 11 Regulary distress yes er Breiter (m Capopet 1968) the proper sections to market the November Schools

IMPORTANT

FUNERAL DIRECTOR:

JAMES DESIGNATION AND STORE 2020 2364mbn 0505 64427949 WALLES BERTHAM Marine (I Kenning ASEVO - Ruch frilar Rugeralory distrier 190 person 30/100 March of the 10 THE TRUE A STATE OF THE PARTY O

			BALTIMORE CITY	HEALTH DEPARTMENT	68-	1222
		68-1	222 CERTIFICA	TE OF DEATH	REG. NO.	IGGG
		H NO. AME OF DECEASED			HOUR OF DEATH	
1	{Туре	or Print	11/-	1/5	8/60	A M
-	3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If institution	n: residence before admission)
- 1	FUL	L NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION CIVE STREET	M.		27-14
1	HOS	SPITAL OR ADDRESS OR LOCATION)	SHIOHON, GIVE SIKEEI	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
A	V		,	Ballowere	YES [NO ON
	111	lain M	/ //	E. STREET AND NUMBER	10	/
4	1	won flemoring	0/050.	45 13 The	les \$1080	1.
	S. SE	6. RACE 7. MARK	ED NEVER MARRIED	B. DATE OF BIRTH		nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
		/ WIDOW		02/22/11	56	
		USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreig	n coultiry)	ITIZEN OF WHAT COUNTRY?
	1	remisel Hogistor Co	Ty Water Wo	ville	Mid.	USA
	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	(
		Masse Civilis	Bu//	Pearl E	Ina Call	niden
	1S. W	(ds Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	1	21501	7120	Donotha R. L	3011 4515	Schenley Kel
	T	B. / / / / / /	CAUSE OF DEATH	1	2011 101.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY			•	DETWEEN ONSET AND DEATH
		LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		10-1	10 days
		hearl failure, asthenio, etc. It meons the dise		A CONSEQUENCE OF:		
		injury or complication which caused deeth.)				
		ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
		DISEASES OR CONDITIONS, if any, giverise to the obove cause (A) sloting	3	A CONSEGUENCE OF:	100	
		UNDERLYING CONDITION last.	(c)		1) K (1)	
	z	493 X II	10			4
	I E I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN				
2			OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		GS CONSIDERED
,	ERTIFIC	WAS PERFORMED			IN CERTIFYING CAUSES C	OF DEATH?
5	0	21A. ACCIDENT WAS UNDERLYING [21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimore City,	give exoct location)
3	CA	DEATH (notify medical exominer)	etc.)			
3	MEDI	21D-TIME (Month) (Doy) (Year) (Hour) DF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
	>	(APPROX.)	While At Not While Nork At Work			,
		22. 1 certify that Withis haspital) attende	ed the deceased from	1/18/68 19	10	124 \$ 68.
,	1	that (1) (we) last saw the deceased alive	on 1/28/	19 / S and tha	t In (my) (aur) apinian d	eath accurred an the date
		and haur and fram the causes stated above	e. M. (Me) (did nat) v	iew the bady after death.		,
	2	23A. SIGNATURE	11 11 11		23 B. C	PATE SIGNED
		NITHORONA	Atte Phys		traff thys.	124/68
	1	NAME (Type)		23D. ADDRESS	1.	11/1/21
		H. F. HOLCOMB, DR.	DEGREE	THE WINHON MEM	ORI ACUHOSPIJ	AL / sivilat
3	24A.	BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY of CRE	MATORY 240 LO	CATION (City, tow	n, or county) (Stote)
,	1	JUVIZ/ 1-31-68/2	Ituld Redoe	Pik	civille Bol	to co Ind
	25A.	DATE REC'D BY HEALTH DEPT. 258. NAM	AE OF REGISTRAR	FUNERAL DIRECTOR	11/	ADDRESS
		0 1 1300 (16 Por 8	starburut 27	Durge Fund	vestome 6	reto Mid
- 1	VS 1	50-REV. 1/1/6B	134/1	Crucul HKBranin	Ch	

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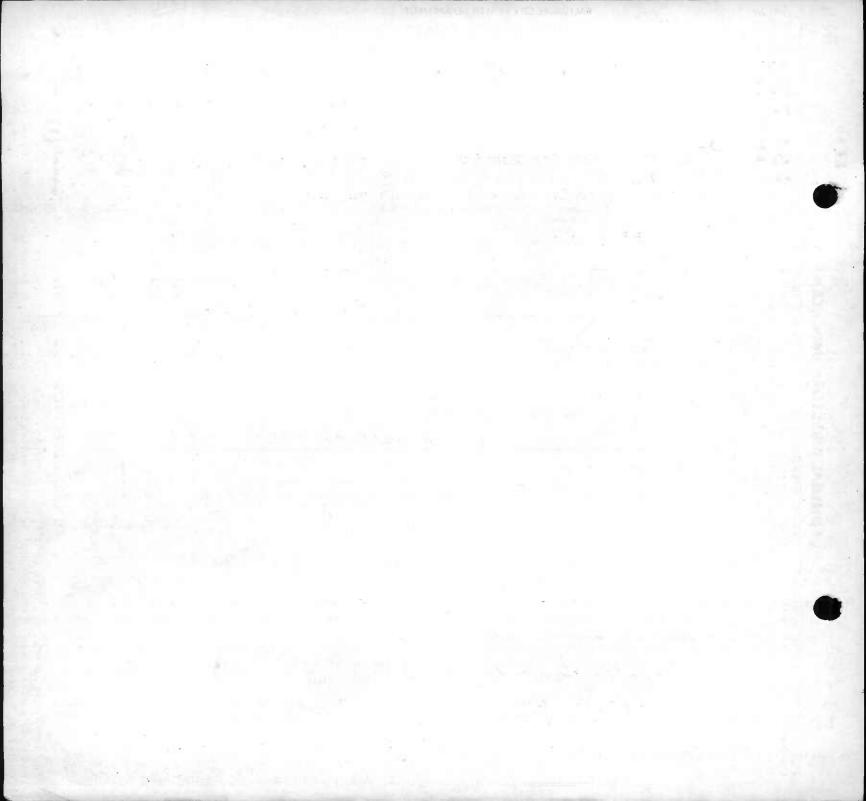
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in a hospital and g cause of death ause; (5) Deceased ttendance on the or to death. Such	3. F H
occurred ontributin ermined c regular a eased pri	13 15 (Y
ct or cc) Undetented vas in he dece	de
istant in the direkind; (4 death ce on t	15 (Y
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	AACDIC AL CEBTICIO AND
ertific ody w s: (1) A D.O.A. used p	24
This c the bashows was I deced	25

4-2	00		BALTIMORE CITY	HEALTH DEPARTMENT	DEC NO	68- 1223
BIRTH NO.	00) IGG	CERTIFICA	TE OF DEATH	REG. NO	
Type or Print)					AND HOUR OF DEAT	
Type of Tilling	HOUSE, WILLIA	M HENRY	E	Janu	eary 25, 196	8 3:20 P.
3. PLACE IN BA FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC. Veterans Admi	TAL OR INSTITU ATION)	JTION, GIVE STREET	A. STATE B. COL	altimore	Institution: residence before admission
23	3900 Loch Ray	ven Boul	evard	Baltimore E. STREET AND NUMBER 1807 W. Lafa	arotto Avo	YES NO NO
	Baltimore, Ma					
Male	Negro	WIDOWED		6-6-1890	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	f working life, even if retired)	U. S.		11. BIRTHPLACE (Stote or for Maryland	oreign country)	U. S. A.
Elijah				14. MOTHER'S MAIDEN N Cynthia Sco		
(Yes, no or unknow	d Ever in U. S. Armed For	es of service)	16. SOCIAL SECURITY NO. 116-05-6166	17. INFORMANT Reco:		ADDRESS Hosp.Balto.,Md.21218
Yes	7-15-18 to 3)-T)-T3	CAUSE OF DEAT			APPROXIMATE INTERVAL
UNDERLYIN H 200 OTHER SIGN TO THE DEA DISEASE OR	he abave couse (A) IG CONDITION last. II IFICANT CONDITIONS CO CONDITION GIVEN IN PAF IF OPERATION 198. CON WAS PER	ONTRIBUTING THE TERMINAL RT 1 (A).	(C)	20A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED
21 A. ACCID			PLACE OF INITIBY (o.g.	No n or obout 21C. WHERE DID		
_ OR CONTRIE	ENT WAS UNDERLYING CUTING CAUSE OF (y medicol exominer)	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If In Boltem	nore City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At Not While rk At Work		NJURY OCCUR?	200
22. I certif	v that (10) (this haspita	I) attended ti	he deceased fram_No	vember 19.	19 67 to Janu	uary 25, 19 68
that (K) (we) last saw the decease	ed alive an	January 25,	19 68 and lew the bady after death	that in (My) (aur) a	pinian death accurred an the da
23A. SIGN AT	URE 211 P	10	4.0	* * *	s. " —	23B, DATE SIGNED
Mon 23C. PHYSICI	es M Duc	ally	DEGREE Phy	23D. ADDRESS	Staff Phys.	1/26/68
NAME	Type)			VA Hospital 3	900 Loch Rav	ven Blvd.
24A. BURIAL CR REMOVAL	EMATION, 24B. DATE (Specify) 1-29-0	68 BM	AME OF CEMETERY OF CRI	lational De	Cocation alleman	(City, town, or county) (Stote)
JAN 21	1968 A.D. B	25B. NAME C	Per Mal	MUNAL DIRECT	En Shot	Miles 1727/ Maus
VS 150-REV. 1/1	/68	-		0	y y	7

. and the property of the Last Jan Beauty A PART OF LAND Y . and the second of the second

18	5550	0	Q_ 49				DEPARTMENT	REG. NO.	6	8- 1224
	E OF DECEAS		0 14	CE CE	KIIFICA	I E O	F DEATH	D HOUR OF DEAT	Н	
3. PLA	CE IN BALTIM	Bynum,	Geral	dine E.	AD		L RESIDENCE (Where	3-68 deceased lived. II	institution:	11545 H
	NAME OF TAL OR UTION			ISTITUTION, GIV	E STREET	c.city c Balt	B. COUNT yland PRITOWN imore T AND NUMBER	B alti	nore vside city	LIMITS?
		ns Hopk					N. Cecil		1	-01
5. SEX	male 6.	Negroi		NED NEVER	MARRIED X	7-10	1	2. AGE (In years ast birthday)	Months .	er 1 Yr. If Under 24 H Days Hours Min.
dane du	nemot of worl			OF BUSINESS		Ba	PLACE (State or lareig	e ms) 12. CIT	IZEN OF WHAT COUN
	HER'S NAME	0					TER'S MAIDEN NAM	NE /		
15. Was (Yes, no	Joseph or unknown) (If	er in U. S. Arme yes, give wor or	d Forces? dotes of servi	1 6. SOCIA SECUR	L ITY NO.	7. INFOR	rah Ewell			ADDRESS
18.	1/92	VI	_	CAU	SE OF DEATH	Nan	an pry	num		APPROXIMATE INTERVA
DI ris	LE. his does not late failure, asl ury or compliant AN SEASES OR	OR CONDITION ADING TO DE, mean the mod thenio, etc. It m calion which ca TECEDENT CAI CONDITIONS, above cause CONDITION los	ATH e of dying, eans the dise used death.) JSES if any, gi (A) sfating	(B)_ ving	ANORIA .	CONSE	ARDIACA	CREST	\$	4 HOURS
TA DI	THE DEATH &	ANT CONDITIONS BUT NOT RELATED IDITION GIVEN IN	TO THE TERMIN	NG NAL						
C INTIFIC	A. DATE OF O	PERATION 198.	CONDITION F				UTOPSY? (Yes or No)	NO NO		
O 21.	A. A CCIDENT CONTRIBUTION ATH (notify me	WAS UNDERLYING CAUSE OF	NG 🗆	218. PLACE OF hame, form, fa- etc.)	INJURY (e.g., in ctary, street, offi	or obout ce bldg.,	21C. WHERE DID	(If in Boltin	nore City, gi	ve exact location)
21 OF	D. TIME (A INJURY PPROX.)	Aonth) (Day) ((Hour)	21 E. INJURY O	CCURRED Not While At Wark		21F. HOW DID INJU	JRY OCCUR?		
the	at (I) (www) la	at (I) (thi s has st saw the dec rom the causes	eased alive	on / =	23		1 3	9 <u>6-3</u> to	238. DA	19 6 8 ath accurred an the d
	C. PHYSICIAN'S NAME (Type	TOR NO,	BRA	D3H19-	DEGREE Phys.	BD. ADDR	Director L	Phys. PKINS	140.	-2368
24A. B	URIAL CREMA EMOVAL (Spe- UNIAL) ATE REC'D.BY		7-68 24 0 (25B. NA	C. NAME OF CE	dulu	in	UNERAL DIRECTOR	altem	(City, town,	ar county) (State
JAN	31 196	10 Obber	04,00	MACHINA		W	lino to	18/1/	Mics	17271 Mad

VS 150-REV. 1/1/68



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BALTIMORE CITY HEALTH DEPARTMENT 68-1226 CERTIFICATE OF DEATH Registered Na BIRTH NO M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) WATSON, WILLIAM JANUARY 29, 1968 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE ST. AGNES HOSPITAL D. STREET ADDRESS (If rural, give location) FOREST DRIVE 2122 made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. DOWED DIVORCED (specify) lost birthdoy) Hours MALE WHITE 6/16/96 disposition is 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? RETIREGOVERNMENT U.S.A. DEITRICH MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN WATSON CHRISTINE 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL William W Watson, or final (Yes, no or unknown) (If yes, give wor or dotes of service) Raltimore CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the above cause (A) stating the UNDERLYING CONDITION last. the remains 434.4 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSYZIYES OF No. 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF tNJURY (e.g., in or about 2 PC-WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lacotion) DEATH (notify medical examiner etc. MEDI obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from JANUARY JANUARY JANUARY 29 19 68 that (I) (we) lost saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did nat) view the bady ofter death. 23A. SIGN AT URE 23 B. DATE SIGNED Med. Director M.D. Attending Phys. deceased prior to written approval BALTO, MD 21229 23C. PHYSICIAN'S 23 D. ADDRESS MAME Mype ALVAREZ ST.AGNES HOSP: CATON & WILKENS AVES. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 2-1-68 New Cathedral Cemetery Balto. Md. 25A. DATE REC'B SE NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR 4101 Edmondson Avenue



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LUCE - CAPART ST. RESERVACENTE RECOLLER

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ALWAREE TELEVISION OF THE SENSE ASSESSMENT A

MEDICAL EXAMINER'S CERTIFICATE OF DEAT	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
--	---------	------------	-------------	----------

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) DOROTHY ALLEN	OF DEATH Estimoted January 25, 1968 9:32 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 25, 1968 9:32 P. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
33 JOHNS HOPKINS HOSPITAL (DOA)	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES NO D
9. DATE OF BIRTH 10. AGE (In years In years In year) 10. AGE (In years In year) 11. AGE (In years In year) 11. AGE (In years In year) 12. AGE (In years In year) 12. AGE (In years In year) 13. AGE (In years In year) 14. AGE (In years In year) 14. AGE (In years In year) 15. AGE (In years In year) 16. AGE (In year) 16.	E. STREET AND NUMBER
11-22-1905 62	1736 Eager Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Sax, Va., WHAT COUNTRY?	HENRY Brooks
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
Domestic At home	UNKNOWN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Delones Street 1736 E. Eager St.
19. 11 CAUSE OF DEA	APPROXIMATE INTERVAL
Arterio	sclerotic Cardiovascular Disease
LEADING TO DEATH	
(A)IMMEDIALE (This does not mean the mode of dying, e.g., DUFTO OR	AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
F 4221	
CC) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX)	WHILE WORK
23.	
	ond that on this basis, death in my opinion
resulted from: Natural causes X Accident Suici	de Homicide Undetermined monner
11/10 1 5 2	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE WORLE IN M.	ASSISTANT MEDICAL EXAMINED A
EXAMINER'S Werner U. Spitz	ASSOCIATE MEDICAL EXAMINER 1-29-68
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 1-30-68 Carverne	manistex. Laurel Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 3 I 1968 R. D. B E Farley M.	Rould DO PODI' Day 25 M'
VS 151-REV. 1/1/68	Vandolgh Hearlick 2+316 (Uner St.

11-22-1965 SIR YES HERE Houry Bricks Danieles Delices Inthone No None None Later 1986 Estenden

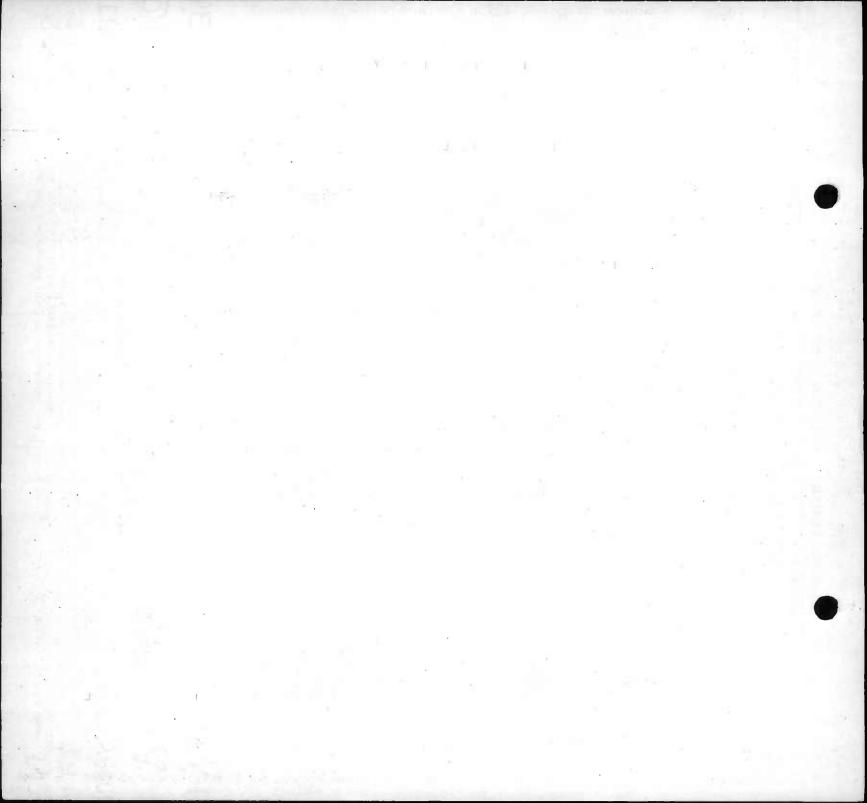
Buries 1-30-68 Correspondent Lauret.

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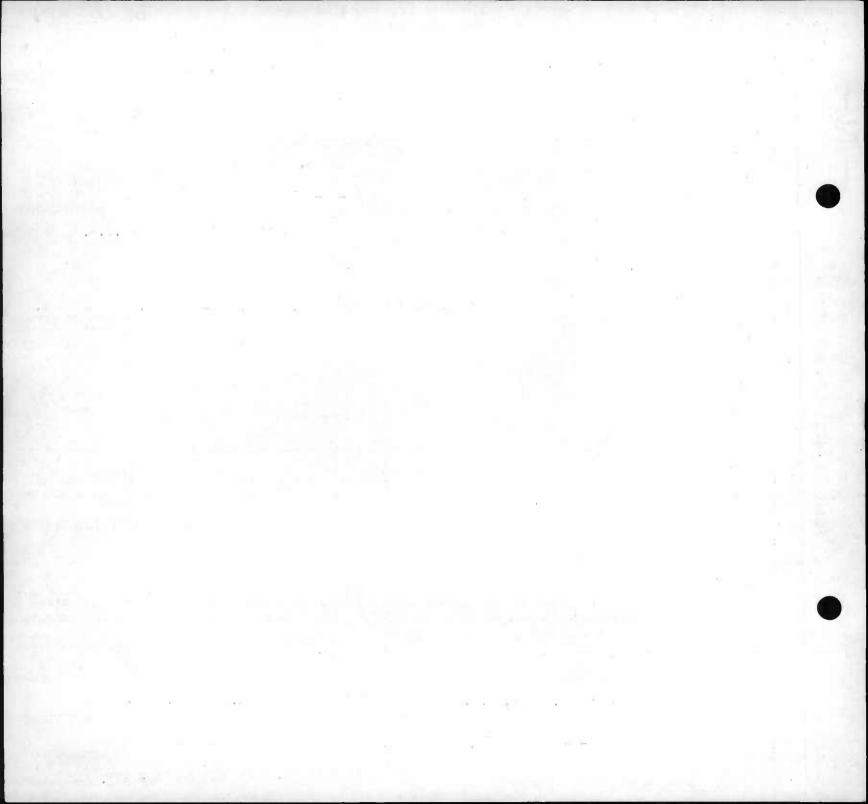
(22)	68- 1228 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 1228	
DED OF	BIRTH NO. CERTIFICATE OF DEATH	
tal and f death eceased on the h. Such	1. NAME OF DECEASED (Type or Print) ELIZABETH LINDSAY 2. DATE AND HOUR OF DEATH 1-22-68 140	м.
pita of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admissing the state of the sta	ion)
hos use ; (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION MARYLAND C. CITY OR TOWN BALT IMORE YES VEST X	
in cau	3THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER 831 N. WODER STREET	
butired far		Hrs.
th occurr contribu etermine n regular	FEMALE NEGRO WIDOWED DIVORCED 7-4-1915	•
cor cor deter in re	- 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUN	TRY?
deat Undo	done during most of working life, even it refired) Domestic 13. FATHER'S NAME JOHN CHISHOLM ROSE JORDAN	
	JOHN CHISHOLM ROSE JORDAN	
D D D O	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	
Sisit A DO	NO 237-16-0062 Robert LINDSZY 831 N. Wolfe St.	
	CAUSE OF DEATH	ATH
₹ 4 0 5 0 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE PROBABLE CVA	
	(A)IMMEDIATE CAUSE // CAUCAC CAUCAC CAUSE // CAUCAC C	
2 = = = =	ANTECEDENT CAUSES	
2 2 4 4 5	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
al ex an v	rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)	
L DI edica lical rns; rns; sicia	331% II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	П
A region	TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (A).	
hief ody ody sici	WAS PERFORMED 194. AUTOPSY? (Tes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
he cl by (2) B	5 U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)	_
P + tal	DEATH (notify medical examiner) etc.)	
d b osp osp osp (6)	O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.)	
e h	Work At Work	2
appr to th fan)	22. I certify that (I) (this hospita)) attended the deceased from 1908 to 1908	dote
0 0 -		
ased dent ospit deat	23A. SIGNATURE Attending Med. Staff	
E e e e e e e e e e e e e e e e e e e e	Attending Med. Staff Phys. Director Phys. 1/22/6 8 23C. PHYSICIAN 3	
was r An a Prior	NAME (Type) HILIP REID THE JOHNS HOPKINS HOSPITAL	
# XE CE	REMOVAL (Sinesify)	9)
	Bunial 1-27-68 Mt. Aubunn Coneteny Baltinone, Nd. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAV DIRECTOR ADDRESS JAN 31 1968 R. C. A. & Salvent Roudal O. Callebauge Office St.	
This the bashow was	JAN 31 1968 Robert E. Farluna Randolah J. Collick 243 6 Oliver St.	

INGS CONSIDERED y, give exoct location) deoth occurred on the dote DATE SIGNED SPITAL DEGREE 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stote) VS 150-REV. 1/1/68



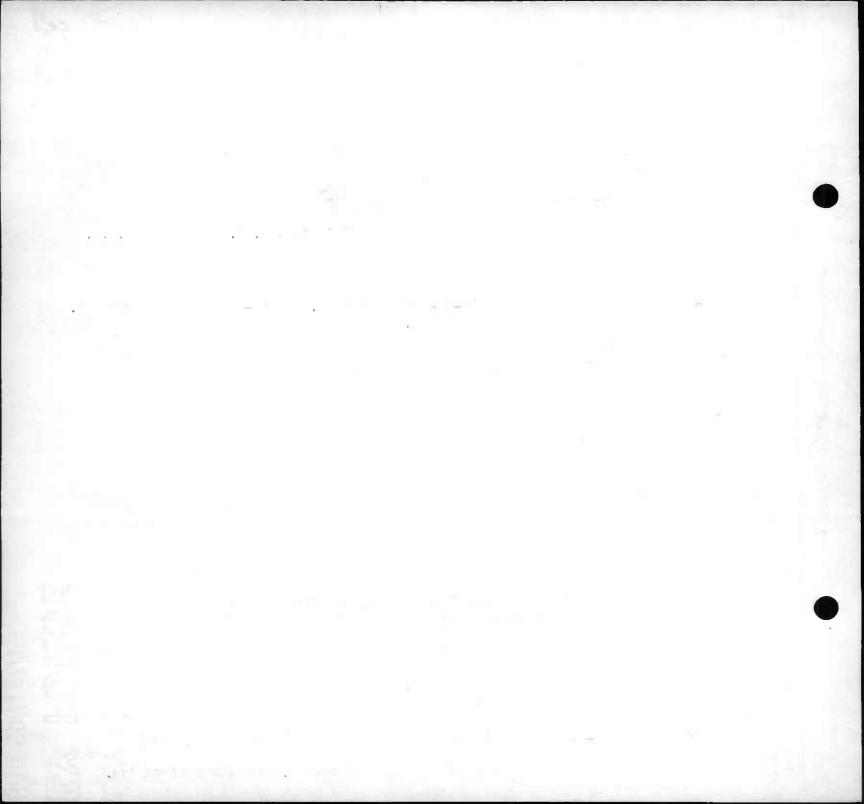
FUNERAL DIRECTOR: IMPORTANT	u
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	curred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	tributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (🗸	mined cause; (5) Deceased (
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	gular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	sed prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	made.

+		68-	- 122	BALTIMORE CITY	HEALTH DEPARTM	ENT	68- 1229		
		00	المالحاليا		TE OF DEA	TH REG. NO	TO ILLO		
	RTH NO. NAME OF DECEASI	D			2. D	ATE AND HOUR OF DEATH			
(T ₎	ype or Print)	JOHN C.	WOODLAN	TD .	J	ANUARY 28, 1968	934, M.		
		DRE, MARYLAND, W			4. USUAL RESIDENCE A. STATE B. MARYLAND	E (Where deceased fived. If ins COUNTY	litution: residence before admireston)		
H	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN BALTIMORI		DE CIN LIMITS? YES NO NO		
1	00 1	205 MYRTLE	AVENUE		E. STREET AND NU	MBER	TES IN NO		
-	SEX 6. R	ACE	1-2	×	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.				
	MALE	COLORED	WIDOWED		12-28-1916	5 lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
do	A. USUAL OCCUPATION during most of working DENTIST			BUSINESS OR INDUSTRY		e or foreign country) MARYLAND	U.S.A.		
	FATHER'S NAME		C/20213. 20	A L LOTIE	14. MOTHER'S MAID		0.001		
11	CHARLES R.	WOODLAND			HELEN RUS				
15. (Y	. Wos Deceosed Eve es, no or unknown) (tf	r in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	YES	WW II		705-12-8539	LETTIE C.	WOODLAND - 1112	N. BENTALOU ST.		
MEDICAL CERTIFICATION	(This does not in heart foilure, osthinjury or complice ANT DISEASES OR rise to the ounderlying of the Death Bit of the Death	NT CONDITIONS CO JT NOT RELATED TO THE PROPERTY OF THE PROPER	dying, e.g., the disease, deoth.) ony, giving stoting the NTRIBUTING HE TERMINAL To I (A). DITION FOR N FORMED 218, hom etc.J	(C) WHICH OPERATION PLACE OF INJURY (e.g., if the form, factory, street, of the form, factory, street, of the factory, street, of the factory, street, of the factory of t	20 A AUTOPSY? (Your block bldg., INJURY OC	es or No) 20B. IF YES, WERE FIN CERTIFYING CAU	BETWEEN ONSET AND DEATH 4 GLO RELECTORY OF THE STREET ONSET AND DEATH City, give exoct locotion)		
	00 1 11	. (1) (.1)			1961	10 /-	28. 1968		
		t (I) (t his hospital				19to			
							ion deoth occurred on the dote		
		ond hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.							
	23A. SIGNATURE	Staff	238, DATE SIGNED						
	NAME (Type)	JAMES D.	CARR, M	.D.	1427 MADIS	ON AVE., BALTO.,	, MD.		
24	A BURIAL CREMAT	ION, 24B. DATE	24C. N	AME of CEMETERY of CRI	MATORY	24D. LOCATION (Cit	y, town, or county) (State)		
	BURIAL (Speci	2-1-68	BAT	TIMORE NATION	AT.	BALTIMORE, M	ARYLAND		
25	JAN 3		258. NAME C		25C. FUNERAL DI	IRECTOR	ADDRESS		
\ VS	150-REV. 1/1/6B						The Lie		



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

X		68- 13	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1230		
4	00 1100							
	1, N	AME OF DECEASED OF OF PRINTIPLE OF THE	'e E		29 - 1968	1 / PM		
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If instit	ution: residence before admission)		
	F	ULL NAME OF (If not in hospital or institution address or location)	n, give street	C. CITY OR TOWN (If out	Poplar	A Corre give town tiple		
		NONTEBULLO:	STATE HOSP.					
6	7	BALTIMORE,		D. STREET ADDRESS (If rutol, give location) M D # 16				
	5. S	F COLORED 7. MARRI	ED, NEVER MARRIED VED, DIVORCED (specify)	5/5/85	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Norths Days Haurs Min.		
2		USUAL OCCUPATION (Give kind of work 108, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	gn country)	12. CITIZEN OF WHAT COUNTRY?		
2		Housewife		Wilmington, N.	. C.	U.S.A.		
5	13. (FATHERS NAME		14. MOTHERS MAIDEN NA	ME			
2		FREDERICK Brow	n	makala	NEWTO	2N		
3	15. \ (Yes	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown)(If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
		lo l	219-16-8953	Irma O. Dancy	- 2315 Poplar	r Grove St.		
5		18. 25 0 , 9 1	CAUSE OI	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
3		DISEASE OR CONDITION DIRECTLY	M	IIIT'PIT PT	PERPAI	il and		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. Il means the disease,							
2		heart failure, osthenio, etc. It means the diseo- injury or complication which caused death.)	se,	. //	1	1. 1		
b		ANTECEDENT CAUSES	(B) DUE TO	rTerioscler	sies genera	a section of the sect		
0		DISEASES OR CONDITIONS, if any, givi		eletus m.	Witne			
2		UNDERLYING CONDITION lost.	(C)	caoren "	-w-cut			
3	7	260X II						
9	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
116	ERTIFICA		R WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED		
9	CERT	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	or about 21C, WHERE DID	Of in Bultimore C	City, give exact locotion)		
DEL	AL.	OR CONTRIBUTING CAUSE OF	nome, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		,,		
5		OF INJURY	TE INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
	2		While At Work Not While At Work					
00		22. I certify that (1) (this hospital) attended		6/23/4	19 6/10 /	- 29 1988.		
0		that (I) (we) lost sow the deceased alive a	1-29	19 65 ond th	ot in (my) (our) opinio	on death occurred on the date		
		ond hour ond from the couses stated obove	. (I) (We) (did) (did not) v	iew the body ofter deoth.				
		23A. SIGNATURE	Y AND Atte	nding Med.	Stoff [23	3B. DATE SIGNED		
5		going lea	Phy:	Director	Phy s.	1/29/00		
		23C. PHYSTOLANS NAME (Type) Sterrage OUNG 1	HEALENM.D.	montebelle :	state hour	Balt, MD		
3	24A	REMOVAL (Specify)	NAME of CEMETERY of CRE	- Tel 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		lown, or county) (Stote)		
5	B	urial 2-2-68 A	rbutus Memorial		altimore, Mar			
	25A	JAN 31 1968	E OF REGISTRAR	Charles P. Ta		ADDRESS		
	VS	150-REV. 1/1765 -	D C NOWKUPA	Charles R. La	w 802 Madiso	ur gae*		



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8- 1232 BALTIMORE CITY HEALTH DEPARTMENT

00 1133	ALTI DEL ANTINCITI
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 1232
I. NAME OF DECEASED (LOUISE PAULINE WARTHE LOUISE WARTHER	DATE Known Month Doy Yeor Hour OF DEATH Estimoted January 28, 1968 11 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) QB/INSTITUTION	January 28, 1968 11:25 A _{M.} [5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
Maryland General Hospital (DOA)	A. STATE Maryland B. COUNTY 3
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY HMITS?
Female White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH MAY 14,1907 10. AGE (In years later 1 Yr. If Under 24 Hrs Months, Doys Hours Min.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Maryland U.S.A.	August E. Warther
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
House Work At Home	Wilhelmina Becker
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((if yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
NO	Mrs Caroline Graham 220 N. Linwood Ave
19. 492 XI	
DISEASE OR CONDITION DIRECTLY Pulmonat	ry emphysema with cor pulmonade
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO, OF	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OF TO THE R SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
5	Yes
₹ 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g	, in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. home, form, foctory, street, off UTING CAUSE OF DEATH.	ice bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	
WHILE AI NO	WORK
23.	▼
	utopsy X and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suici	ide Hamicide Undetermined manner
ACTUAL SIGNATURE CHANGE AND M.	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER January 29, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 2/1/68 St. Paul's	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 31 1968 R. D. B & Fallery	HENRY SANDER & SONS INC.
VS 151-REV. 1/1/68	BALTIMORE MARYLAND 21213

diaging of first increase, so the

BIRTH NO.

68- 1233 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	FXAMINER'S	CFRTIFICATE	OF DEATH

OF DEATH REG, NO.	8- 1233
Month Doy January 24,	1968 Hour
Month Doy January 24,	1968 3:45 P. _{M.}
E (Where deceased lived. If institution: and B. COUNTY	residence before admission)
more YES	NO D
E. Preston Street	
T. Waddell	
alker 6/1 South	DRESS PLS
rdiovascular disea	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DF:	
OF:	
	21. AUTOPSY? (Yes or No)
ERE DID (If in Boltimore City, give exoc	No t location)
W DID INJURY OCCUR?	

I. NAME OF DECEASED (Type or Print) JAMES WADDELL							Known Estimated	Janua Janua	ry 24,	1968	Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							Estimored E	Month	Doy	Yeor	Hour	<u>M.</u>
FUI	CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						RESIDENCE (Where		ry 24,			P. _{M.}
(50	1425	E. Pre	ston	Street	A. STATE	Maryland	В	COUNTY	16	-0	1
6.	SEX	7. RACE		8. MARR	IED NEVER MARRIED	C. CITY OF	RTOWN		D. INSIDE CI	TY LIMITS?		
	Male	Neg		WIDOW		C CIDEET	Baltimore		YE	s X I	VO	
(act 4, 1	907	10. AGE (In lost birthdoy	9	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		1425 E. Pr	eston	Street			
11.	BIRTHPLACE (S	tote or foreig	n country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	has T	Yada	lell			
	e during most of v		en if getired)	4B. KIND	OF BUSINESS OR INDUSTR	Y 15 MOTH	16 age	NE P	Here			
	WAS DECEAS	D EVER IN	U.S. ARMED			18. INFOR	MANUTALE	10 /0 //	South	DDRESS	Porky.	2/2
-	19.	- 0			CAUSE OF DEA	TH	e wang	N 4/1	- 0,		PROXIMATE IN	
	410	2,91					ic cardiov		r diana		EEN ONSET A	ND DEATH
		E OR COND		CTLY			ic cardiov	ascula	r arsea	ise		
	(This does n	ot meon the	mode of dy	ing, e.g.,	(A) IMMEDIATE O	AS A CONSE	QUENCE OF:					
	heart failure Injury or cor	, osthenio, etc. nplication which	. It meons the ch coused dec	disease, th.)								
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A					AS A CONS	EQUENCE OF:					
	RISE TO TH	E ABOVE CAL	USE (A) STAT	ING THE								
Z	UNDERLIN	NG CONDIII	ON LAST.		(C)							
K	422.1	IIFICANT CON	II	ONTRIBLE	TING							
0	TO THE DE	ATH BUT NOT	RELATED TO	THE TERM	INAL							
CERTIFICATION	20A DATE OF	CONDITION			FOR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes o	r No)
CEF	DAIL O	OLKANO	1 200. CO	VDIIIOI V	TOR WHICH OF ERAHOTT W	AS TERTOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		NAL CAUSE	MAC		22B. PLACE OF INJURY (e.g.	in or about	22C WHERE DID	If in Boltimore	City give ex		0	
MEDICAL	UNDERLYING UTING CA	OR CON	TRIB-		home, form, foctory, street, office	ce bldg., etc.)	INJURY OCCUR?	, II III DOMINIOTO	, only give on			
Σ	OF INJURY	(Month) (D	Ooy) (Yeor	·) (Hou	r) 22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	R?			
	(APPROX.)					WORK						
	23.	1			一 . 「元 . .							
		tify that I h		nquiry		utopsy 📙	ond that on the					
	resul	ted from: N	latural cou	ses X	Accident Suici	de L i			ed manner (
	ACTUAL	C.0	1	>	1:4		CHIEF MEDICAL E				DATE SIGN	NED
		URE:		' -	7 Jan M.I	U,	SISTANT MEDICAL E					
7	EXAMIN NAME (arles	S. ST	oringate, M.D.	ASS	OCIATE MEDICAL E	XAMINER	Janu	ary 25	, 1968	3
	A. BURIAL CRE	MATION, 2	4B. DATE	1	24C. NAME of CEMETERY	ar CREMA	ORY 24D.	LOCATION	(City, tow	n, or county) (Sto	te)
RE	DUNUAL (Spec	2 (Jan 3	0/68	Mr autur		ne,	Will	port	/	ma	
25	A. DATE REC'D		DEPT.	DSR N	NAME OF REGISTRAR	25C.	FUNERAL DIRECT	OR O	1.1	ADDRESS	9	7 0
		JAN 30	1968	Place	res E. Falley M.S	1	weally.	Ell	ckery	1129	11.60	steri
VS	151-REV. 1/1/6	8				. 0						

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Jan 20 108 Mit Galard Rome,

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68- 1234 BALTIMORE CITY HEALTH DEPARTMENT

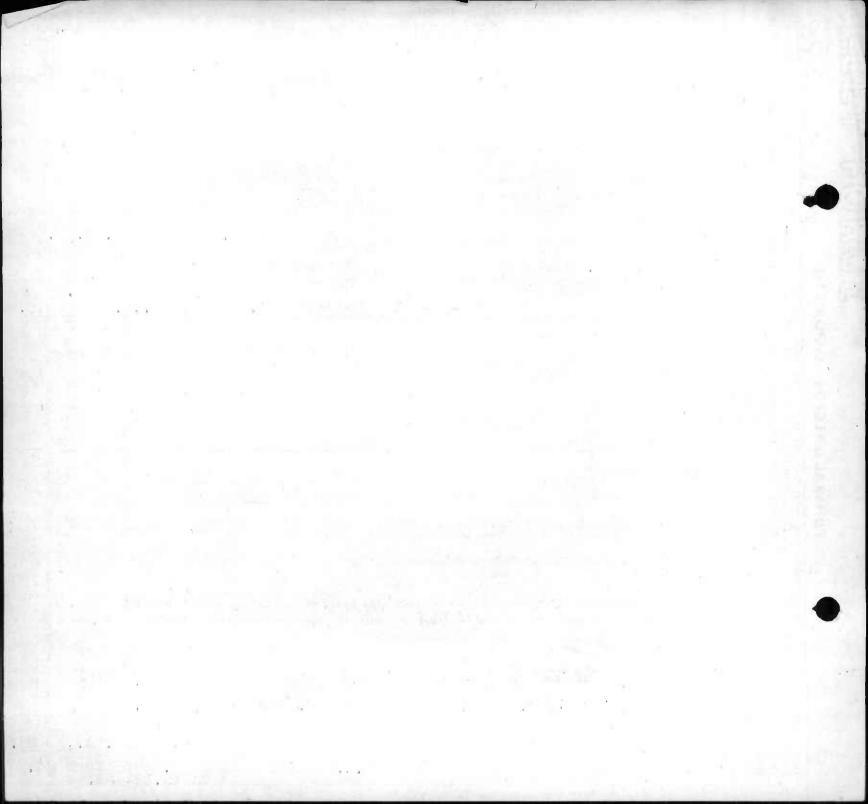
68- 1234

BIRTH NO.	EDICAL EX	AMINER 3	CKIIFI	CATE	IF DEAT	REG. NO.			
1. NAME OF DECEASED			2. DATE	Known 🕅	Month	Doy	Yeor	Hour	
(Type or Print) RUTH PRIO	т А		OF	Estimoted		28	68	8:55	
4. PLACE IN BALTIMORE, MARYLAN		3. DATE	Lannored	Month	Doy	Yeor	Hour	ам.	
		UNCED DEAD							
HOSPITAL ADDRESS OR L			January	28	19 68				
OR INSTITUTION		ESIDENCE (W	here deceosed liv		: residence b	efore odmiss	ion)		
00 317 S. C	entral Ave	A. STATE B. COUNTY Maryland							
6. SEX 7. RACE	B. MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?			
M Female White	WIDOWED [Balto. YES X NO						
9. DATE OF BIRTH 10. AC		der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER				A to	
APRIL # 16/28 lost bi	rthdoy) Montl	ns Doys Hours Min.	317	S. Cent	ral Ave.		3.	03	
11. BIRTHPLACE (State or foreign count	ry) 12. C	ITIZEN OF	13. FATHER	SNAME					
BROOKLYN N. Y.	U	LET COUNTRY?	GEORG	E PRIOL					
14A.USUAL OCCUPATION (Give kind of	work 14B. KIND OF E	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN I	NAME				
dorHOUS DA TOPE king life, even if ret	ired)			CUMMIN					
16. WAS DECEASED EVER IN U.S. AR	MED FORCES?	17. SOCIAL	18. INFOR	MANT		ΔΙ	DDRESS		22
(Yes, no o Noknown) (If yes, give wor or o	totes of service)	NONE RITY NO.	MRS.	EDITH P	RIOLA	317 S	• CENT	SAL AV	E.
19. 796.9		CAUSE OF DEA	TH					ROXIMATE IN	
DISEASE OR CONDITION	DIRECTLY								
LEADING TO DEAT		· · · · · · · · · · · · · · · · · · ·	ALICE	Undatam	nined af	tor			
(This does not mean the mode		(A) IMMEDIATE C	KSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	HOWKKOF A	itopsy a	nd Toxic	cologic		
heart failure, asthenia, etc. It mea				1		10111	CIUEI	aı	
				examina	ation				
ANTECEDENT CAUSE		(B)	AS A CONST	OUENICE OF	-4				
DISEASES OR CONDITIONS, IF	STATING THE	DOE TO, OK	AS A CONSE	GOENCE OF:					
Z UNDERLYING CONDITION LA	ÁST.	(c)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
2795,5 11									
OTHER SIGNIFICANT CONDITION									
7 9 5 5 II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 20A. DATE OF OPERATION 20B.									
20A. DATE OF OPERATION 20B.	CONDITION FOR	WHICH OPERATION W	AS PERFORM	MED			21. AUTOI	PSY? (Yes o	r No)
1/							7	ZES	
22A. EXTERNAL CAUSE WAS	22B. F	LACE OF INJURY (e.g.,	in or obout	22C. WHERE D	ID (If in Boltimo	re City, give exc		EU	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home	, form, foctory, street, offic	e bldg., etc.)	NJURY OCCU	R?				
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)	(Year) (Hour) 22	E.INJURY OCCURRED		22F. HOW DID	INJURY OCC	UR?			
OF INJURY (APPROX.)	W	HILE AT NOT	WHILE						
23.	m. W	ORK LAT V	VORK						
I certify that I held an	Inquiry 🗌	Inspection Au	topsy 📑	and that o	n this basis,	death in my	apinion		
resulted from: Natural	causes A	ccident Suicio	de H	omicide 🔲	Undetermi	ned manner	X		
	11.			CHIEF MEDIC	AL EXAMINER				
ACTUAL S	2 thus	WE	ASS	STANT MEDIC	AL EXAMINER	\mathbb{X}		DATE SIGN	1ED
SIGNATURE EVANABLE BY		M.C).	OCIATE MEDIC					
EXAMINER'S NAME (Type) Fd.	nond E III	leen M.D			AL EVWINIINEK		January	y 28.	1968
24A. BURIAL CREMATION, 248. DA	ward F. Wi	Ison M.D.	or CREMATO	ORY 2	4D. LOCATION		n, or county)		
REMOVAL (Specify)									
		OUDON PARK	1		BALTO. M		DDDESS		
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C.	FUNERAL DIR	ECTOR		DDRESS	TOIL O	m
A. 1 3 T 120	16 John	E, Jankey MA	· IZ	1.6X)	000- 1	1 3	22 S. 1	nigh S	I

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital and This certificate must be approved by the chief medical examiner or his assistant if death accurred in

VS 150-REV. 1/1/68

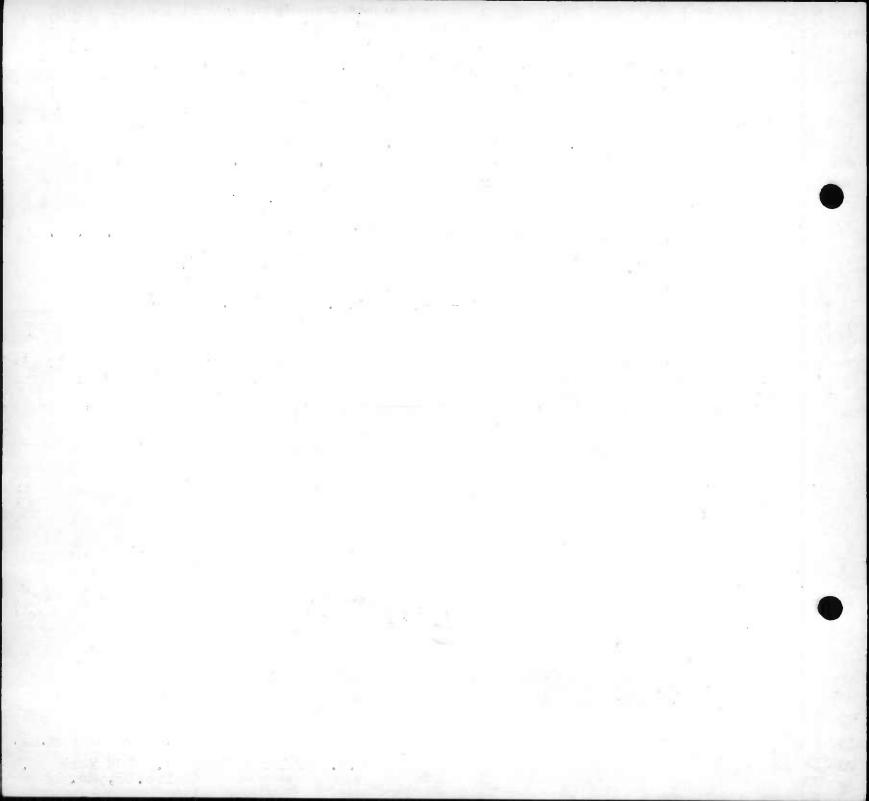
BIRTH NO.	00	CERTIFICA	TE OF DEA	TH REG. NO	06- 1235
1. NAME OF DE				ATE AND HOUR OF DEATH	
		Sey Bond Baugh	JE USUAL RESIDENC	enuary 28, 19	968 10 A A
S. PLACE IN BA	ETIMORE MARIEAND, W	THERE PRONOUNCED DEAD	A. STATE B.	COUNTY	0010
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	Mary land		SIDE CITY LIMITS?
901	ong Green N	Wursing Home	Baltimon	ABER	YES NO NO
1				en Nursing I	
s. sex F	6. RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1/2/1884	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
House		Own Home	Rockvil:	le, Md.	U. S. A.
3. FATHER'S NA	ME		14. MOTHER'S MAID		
Bever	eley W. Bond	ł.	Elizabet	th Lumsden	
5. Was Decease	d Ever in U. S. Anned For	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT	823 J	ackson Ave.
No	, , , , ,	212-36-2416	Frederic		Jr., N. Augusta, S.
18.4	29	CAUSE OF DEAT		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI			_	DETWEEK OKSET AND DEATH
(This does	LEADING TO DEATH	(A)IMMEDIATE CA	USE ASCV		3 40
heart failure	not mean the mode of , asthenia, etc. It means	the disease,	A CONSEQUENCE OF:		· ·
injuly at ca	mplication which caused				
	ANTECEDENT CAUSES		S A CONSEQUENCE OF:		
rise la 1	OR CONDITIONS, if the abave cause (A) IG CONDITION last.		S A CONSEQUENCE OF:		~~~~~
422.	/ 11				
TO THE DEA	FICANT CONDITIONS CO	HE TERMINAL			
DISEASE OR	CONDITION GIVEN IN PAR F OPERATION 1986 CON	RT 1 (A).	20 A. AUTOPSY? (Ye	s or No) 208. IF YES, WERE	FINDINGS CONSIDERED
	WAS PER		MO	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING CUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE office bldg., INJURY OC	DID (If in Boltime	ore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW D	DID INJURY OCCUR?	
OF INJURY		White At Not Wh			
	.1 . (1) (.1 . 1	Work L At Work	1 1	10 11	26/16
		t) attended the deceased from	19 19	and that in (my) (our) op	pinian deoth occurred on the dat
and have a	nd from the causes sta	ted above. (I) (We) (did) (did not)	view the bady ofter o	death.	
23A. SIGNAT	URE	100			23 B. DATE SIGNED
23 C. PHYSICI	AMI MUNCI	W HUND DEGREE PH	ys. Med. Director	Staff Phys.	1/24/68
NAME	Francis	W. Gluck	100 W. 1	University Pl	kwy.
24A. BURIAL CR REMOVAL	EMATION, 248. DATE	24C. NAME of CEMETERY OF CE			City, town, or county) (State)
Bur	1 - 1 - 1	58 Druid Ridge		Pikesville,	Balto.Co., Md
2SA. DATE REC'	JAN 31 1968	258. NAME OF REGISTRAR Roberto & Larberto	H.W.Jenki	RECTOR ns & Sons Co	. 4905 York Rd.
	77.			Balto	o. LZ, Ma.



VS 150-REV. 1/1/68

Such

00	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1236
68	1236 CERTIFICA	TE OF DEATH	REG. NO.	00 3.000
I, NAME OF DECEASED (Type Denit) FRED BRUCE	SMITH	2. DATE ANI	HOUR OF DEATH	700
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	de desead lived. If insti	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II		Mary land		2-01
NSTITUTION	managed and Dimen	Baltimore		ECITY LIMITS?
() 2 W. Uni	versity Pkwy.	E. STREET AND NUMBER 2 E. 39th	St.	
	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12/9/1897	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M WIDO OA, USUAL OCCUPATION (Give kind of work 10B, KIN			an country)	12. CITIZEN OF WHAT COUNTRY
fone during mast of working life, even if retired)	[edicine	Maryland		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Joseph W. Smith		Margaret La	Motte	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	216-46-7247	Mrs.Annabel:	le Tr. Smith	(Same
18. / / 6 9	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			0	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Mycord	ial -	several
(This daes nat mean the made of dying, heart failure, asthenio, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	laset.	menuto
injury ar complication which coused death.)	0.030,	on	facción	7/100.000
ANTECEDENT CAUSES	/p\			
DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stoling UNDERLYING CONDITION task.	(C)			
	\ \ \ /			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
TO THE DEATH BUT NOT RELATED TO THE TERM! VIOLET OF THE DEATH BUT NOT RELATED TO THE TERM!	NAL			
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
21D.TIME (Month) (Doy) IYeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whi			
22. I certify that (1) (this haspital) atten		1	9ta	1-29 1968
that (1) (we) lost sow the deceosed olive	1 2 0	1 8		an death occurred on the do
and hour and from the couses stoted obo	0			
23A. SIGNATURE	Var (1) (me) (dia hat)	riew the body after deoth.		3B. DATE SIGNED
1 / Con 110	a. MD AH	ending Med. Director		29 Jan 68
23C. PHYSICIAN'S	DEGREE Phy	s. Director 23D. ADDRESS		
NAME AUL A. MU	LLAN DEGREE	2 W. UNIVE	RSITY PX	WAY BALT IS
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D. Le	OCATION (City,	, town, or county) (Stote)
Burial 2/1/68	Westminster	Was	tminster.	Carroll Cty Mc
		25C. FUNERAL DIRECTOR		ADDRESS
ZSA. DATE REC D BY HEALTH DEPT.	ME OF REGISTRAR			
JAN 31 1968 P. C.	B & Facleura		& Sons Co.	4905 York Rd.



This certificate must be opproved by the chief medical examiner or his assistant if deoth occurred in o hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any nature; (2) Body burns; (3) A frocture of ony kind; (4) Undetermined cause; (5) Deceased

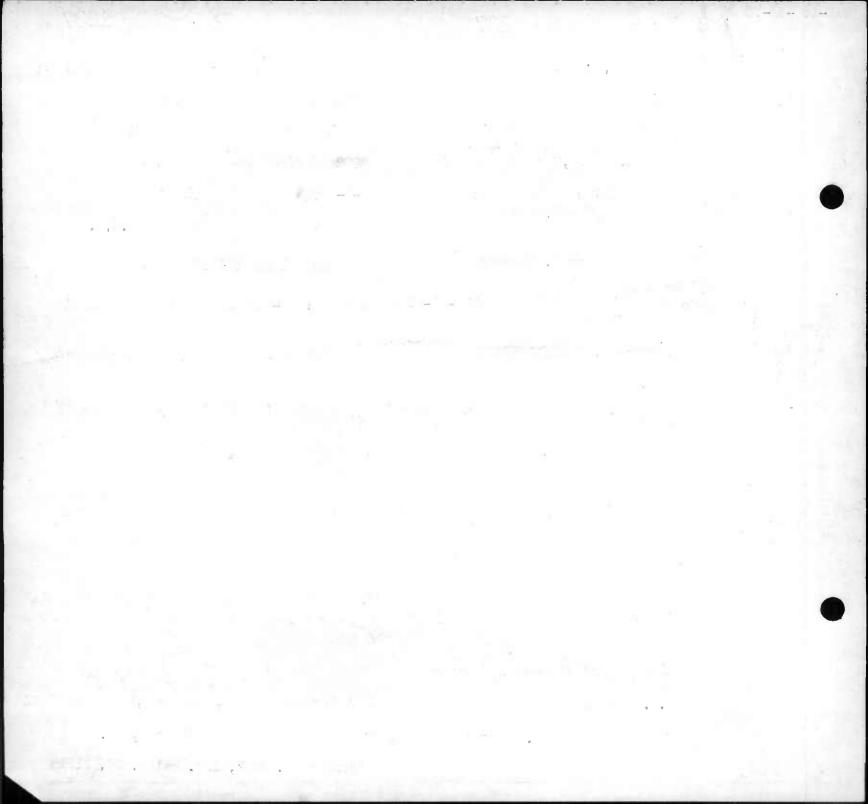
w	U	_	2	
27	- 7)	4	

BALTIMORE CITY HEALTH DEPARTMENT

	62-	1991
REG NO.	00_	TUO

BIRTH NO.	68-	123	7. CERTIFICA	TE OF DE	EATH	REG NO	00- 1	201,
I NAME OF DEC						D HOUN OF DEATH		100
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	B. COUN		0	ce before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	Address or Local Baltimore Ci	TION)	ITION, GIVE STREET	Marylar c. city or tow Baltin	/N	Balt:	SIDE CITY LIMITS?	53-00
31	4940 Eastern Baltimore, Mar	Avenue		E. STREET AND	NUMBER	Road 2	YES X	NO L
S. SEX	6. RACE			B. DATE OF BIRT	'H	9. AGE (In years	If Under 1 Yr.	, If Under 24 Hrs.
Female	White	WIDOWED	_ =	7-1-1876	6	lost birthdoy) 91	Months Doys	Hours Min,
	UPATION (Give kind of work working tife, even if retired) wife	10B. KIND OF	BUSINESS OR INDUSTRY	Marylan	_	gn country)	U.S.	F WHAT COUNTRY
3. FATHER'S NA		0.		14. MOTHER'S A	MAIDEN NA	ME		
	James H.	Simpso	n	Mary	y Ellen	Hubbard		
	d Ever in U. S. Armed Form n) (If yes, give wor or date		16. SOCIAL SECURITY NO. 218-09-2172D	Records:	BCH-49	40 Eastern	Avenue 2	RESS 21224
DISEASES rise to the UNDERLYIN OTHER SIGNI TO THE DEASE DISEASE OR OTHER SIGNI	nal mean the made of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.	the disease, death.) any, giving stating the highest	(B) 1 min	A CONSEQUENCE A CONSEQUENCE 20A. AUTOPS YES	ant E OF:	infailio 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONAUSES OF DEATH	days SIDERED 17 YES
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medicol examiner	218 hom etc.	PLACE OF INJURY (e.g., i e, form, factory, street, of	n or obout 21 C. Wi fice bidg., INJURY	HERE DID	(tf in Boltime	ore City, give exac	t locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED ILLE AT Not While Read Not Work		OM DID INI	URY OCCUR?		
	y that (I) (this hospitol) last saw the deceose		he deceased from	19 68	~)	19 68 to nat in (my) (our) ap	1/35 Dinian death occ	19 68 curred on the dat
and hour an	ure Sevin	ed obave (1		nding M	ed.	Staff Phys.	23B. DATE SIG	NED 68
23 C. PHYSICIA NAME (DEGREE	23D. ADDRESS	Bal	timore City Tenue, Balti	_	
	EMATION, 24B. DATE		AME of CEMETERY of CRE	MATORY		OCATION	city, town, or cour	nty) (Stote)
25A. DATE REC'E	BY HEALTH DEPT.	25B. NAME (OF REGISTRAR	Leona r	d J. R	uck, Inc. E	Balto. Md.	21214

wos D.O.A. ot o hospital (except where the physician who pronounced death was in regular ottendonce on the deceased prior to death); and (6) No physician was in regulor ottendance on the deceased prior to deoth. Such written approvol must be obtained before the remoins ore embolmed or finol disposition is made. VS 150-REV. 1/1/6B



			BALTIMORE CIT			68-	Court C Z L P
BIRTH NO.	(58- 12	30 CERTIFICA	ATE OF DEATH	REG. NO	0	2.400
1. NAME OF DI	1 . 1	000		2. DATE	AND HOUR OF DE	ATH	G 35
Ť	TMELIA !	Lesk	E C	4. USUAL RESIDENCE (V	here deceased lived	. If institution; resi	dence before od
3. PLACE IN B	TEHMORE MARIEAND	, WHERE PRONO	ONCED DEAD		UNTY	a it iliginonon, tesi	1/1
FULL NAME O	F (IF NOT IN HOS	SPITAL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOWN	To.	INSIDE CITY LIM	950
INSTITUTION				Baltimore	0.	YES X	NO
40	Century N	ursing Ho	ome	E. STREET AND NUMBER			
10				102 N. Paca			
Female	6. RACE White		NEVER MARRIED		9. AGE (In years lost birthdoy)	Months D	oys Hours
		WIDOWED		April 1, 1898.		9	N OF WHAT CO
done during most	of working life, even if refired Seamstress	ed)	P BOSINESS OK INDOSTI	Marylar			USA
13. FATHER'S N				14. MOTHER'S MAIDEN			
	Michae	1			Franc	es	
	ed Ever in U. S. Armed		16. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
No	If year give well of		212-03-9497	Mrs. Ursula F	Rockel, 6913	Holabird	Ave. #2
heort foilur injury or c	not meon the mode e, osthenio, etc. It meo omplicotion which cou- ANTECEDENT CAU- OR CONDITIONS,	ons the diseose sed deoth.) SES	DUE TO, OR A	Lis Mapue AUSE AS A CONSEQUENCE OF: He Live to Heuselle AS A CONSEQUENCE OF:		arling 4D	
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DISEASES rise to UNDERLYII OTHER SIGN TO THE DE DISEASE OR 19A. DATE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certii	e, osthenio, etc. It meromplicolion which cound the cound of the cound	of dying, e.g., ons the disease, sed deoth.) SES if ony, giving the CONTRIBUTING O THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED G	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street,) E. INJURY OCCURRED hille At	ASS A CONSEQUENCE OF: Herselle AS A CONSEQUENCE OF: AND A HERSELLE A HERSELLE A HERSELLE A HERSELLE A HERSELLE	No) 20B. IF YES, WIN CERTIFYING (If In Bo 7 19 6 4 ta	VERE FINDINGS C G CAUSES OF DE Oltimore City, give o	exoct location)
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DISEASES rise to UNDERLYII OTHER SIGN TO THE DE DISEASE OR 19A. DATE OR CONTRI DEATH (not) 21A. ACCIE OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w and haur or 23A. SIGNA 23C. PHYSIC NAME	e, osthenio, etc. It meromplication which counditions which counditions which counditions, the obove couse (NG CONDITIONS, the obove couse (NG CONDITION IOST, III) IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	of dying, e.g., ons the disease, sed deoth.) SES if ony, giving the CONTRIBUTING O THE TERMINAL PART 1 (A). CONDITION FOR PERFORMED G	WHICH OPERATION B. PLACE OF INJURY (e.g. me, form, foctory, street, ork) E. INJURY OCCURRED hille AI Work AI	ASS A CONSEQUENCE OF: Here of the second of	Heart To Least Tracks Of the Color Press. Will Certifying (If In Bo?) (If In Bo?)	VERE FINDINGS CO CAUSES OF DE oblimore City, give of apinion death	exoct locotion) 19 occurred an 19 o

VS 150-REV. 1/1/6B

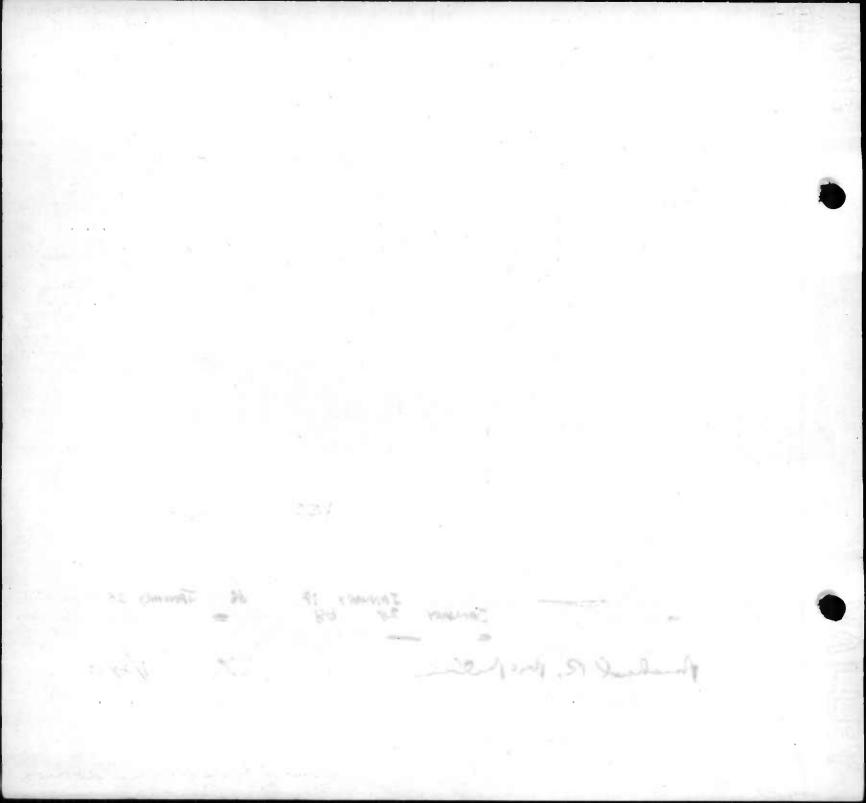
3.11 -		BALTIMORE CITY	HEALTH DEPARTMENT	were the second operations	68- 1240	200
BIRTH NO.	68-	CERTIFICA	TE OF DEATH	REG. NO	00 1240	
Type or Print)	COX Luci	ILE	1-51-	4	449 pm	
3. PLACE IN BALT	IMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN'		stitution: residence before adm	nission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL C	OR INSTITUTION, GIVE STREET	MAR VIRGINI			
HOSPITAL OR INSTITUTION	ADDRESS OR LOCATION	٧)	C. CITY OR TOWN APPOMATTOX	D. INSI	DE CITY LIMITS?	
DoHns	Hopkins 1	Hospital	E. STREET AND NUMBER P.O. Box 26	2 V	- 43	
S. SEX	1	ARRIED NEVER MARRIED DOWED DIVORCED		ost birthday)	Months Days Hours	Min.
		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT CO	UNTR
lane during most all v	vorking lile, even if retired)		8	1104	1101	
3. FATHER'S NAM			14. MOTHER'S MAIDEN NAN	NE .	1 de	
JACK	JONES		MARY GRAY			
S. Was Deceased	Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS	
Yes, na ar unknown)	(If yes, give war ar dates of	service) SECURITY NO.	Vo ha	2.00		
	M		Solmen DI	n coy	APPROXIMATE INTE	EDV 41
18.46000		CAUSE OF DEAT	1		BETWEEN ONSET AND	
DISEASES C	R CONDITIONS, if any, above couse (A) state	ting the	A CONSEQUENCE OF:			
UNDERLYING	CONDITION last.	(C)				
TO THE DEAT	X ICANT CONDITIONS CONTRI H BUT NOT RELATED TO THE TE	RMINAL				
DISEASE OR C	OPERATION GIVEN IN PART 1 (OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
_ OR CONTRIBU	TWAS UNDERLYING THE CAUSE OF medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)	n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimar	e City, give exact lacation)	
21D. TIME	(Month) (Doy) (Year) (H	our) 21E, INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?		
OF INJURY		While At Not While At Work				
	· of · · · · · · · · · ·			.68. On	4. (10. 2 / 10	SC
		tended the deceosed fram	4.	9 68 ta 13	- (-
-	last saw the deceased a	//-	2(196, ond the	of in (my) (out) opi	nion death accurred an th	ne de
and haur one	from the causes stated	above. (H)(We) (did) (did not) v	iew the body after death.			
23A. SIGNATU	RE 1	2010-		S. # —	23B. DATE SIGNED	
	Sten 1. 7.	Lectured DEGREE Phy	nding Med. Director	Staff Phys.	121/68	
PHYSICA NAME	JOHN T. F	LAHERTY	THE JOHNS H	OPKINS HO	SPITAL	
24A. BURIAL CRE	MATION, 24B. DATE	24C. NAME of CEMETERY OF CR	MATORY 24D. LC	OCATION (C	ty, town, or county) (State)
REMOVAL (Specify)	man Ot 1	2/	2	Um	
25A. DATE REC'D	BY HEALTH DEPT. 258	NAME OF REGISTRAR	25Q FUNERAL DIRECTOR	muple	ADDRESS	
	31 1968 (7.2.	& Laborta	1.10 A 12		Hiten	
			vie of for	me coppor	walley 110	
/S 150-REV. 1/1/	o B			/		

		HEALTH DEPARTMENT 68- 1241
	BIRTH NO. 68- 1241 CERTIFICA	TE OF DEATH REG. NO.
	BIRTH NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Type or Print) April DAIIS	1/28/68-10:25 10,25Pm
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Mariland BALTIMARE 6-104
	HOSPITAL OR ADDRESS OR LOCATION	C. CITY ON TOWN D. INSIDE CITY LIMITS?
	2 The SOMPS HOPFINS HOSPITH	BATIMORE YES IN NO
	BAITIMORE, Mary And.	E. STREET AND NUMBER
3		S. DATE OF BIRTH 9. AGE (In Mors If Under 1 Yr., If Under 24 Hrs.
2	S. SEX 6. RACE 7. MARRIED NEVER MARRIED MEDICAL DIVORCED	2 12 65 9. Ke lin Hors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	
2	done during most of working lite, even if retired)	BAITIMER USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2	Phoples DAVIS	BARBARA GOINES
5	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
2	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Of a On 20H F Jette Prenst
	18. CAUSE OF DEAT	H BA I APPROXIMATE INTERVAL
5	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE ASOLIXIA
5	heart foilure, osthenia, etc. It means the disets to	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	F.:06
ש	> Tous	A CONSEQUENCE OF:
5	rise to the above cause (A) stating the	A CONSEQUENCE OF
2	UNDERLYING CONDITION Iasi.	
E	1 7 9 / 6 . 0	
9	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1 (A)?	
Lue	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9	S A SCIPENT WAS UNDERLYING TO SALE OF INMIRAL A	NES
610	2) A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY(e.g., i) OR CONTRIBUTING CAUSE OF Amme, form, foctory, street, o etc.) / / m// O	in or about 21C. IWHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
0	10	2011 E Jefferen + 6 - 07
Jec	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX)	2 27 F. HOW DID KNOURY OCCUR?
0	1 25-66 2./3 M Work L Al Work	- live-ling
0	22. 1 certify that (1) this haspital) attended the deceased from that (1) (we) last saw the deceased alive an 125	1/27 1968 10 //28 1968.
De		19 6 and that in (my) (aur) apinian death accurred an the date
UST	and haur and from the causes stated above (1) (We) (did) (did nat)	view the bady after death. 238. DATE SIGNED
E	RIC RO I MATE AND	ending Med. Staff
8	23C. PHYSICIAN'S	23D. ADDRESS
prov	JAMES B. BRAYTON	THE JOHNS HOPKINS HOSPITAL
ddb	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CR	
en	REMOVAL (Specify) 1-35-68 mt Parkers 1	Prote me L
LITT	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2557 EUNERAL DIRECTOR ADDRESS
3	JAN 31 1968 Robert E. Farbura	Charleston 1000 Bun Made
- 51	VS 150-REV. 1/1/68	The same of the sa

SALTIONER May Med from I have 2/12/65 2411 1/4 N/A BATTIMER A'L BARRARA 601NE Charas DAVIS w being all House Fift James Brayen MID

1000 Bum

VS 150-REV. 1/1/6B



25C. FUNERAL DIRECTOR

250 NAME OF REGISTRAR

VS 151-REV. 1/1/6B

Burial

25A. DATE REC'D BY HEALTH DEPT.

JNERAL DIRECTOR
Ton - Eliane Fund Vms Varyestrad
Med

ADDRESS

S-EOMS NEW THE RESIDENCE OF THE PROPERTY Last Control of the Artist Control of the their payment is the payment of the HET STORE LESS TO THE SECOND 4

RII	RTH NO.		MED	ICAL	EXA	MINE	R'S C	ERTI	FICA	TE O)F [DEAT	H REG	. NO			
_	NAME OF DEC	EASED						2. DATE	. 1	Known 🔲		Month	Do	y 20	Yeor	Hour	
(Ту	pe or Print)	AMES	RI	HOMAS	. Ca		SI	OF		Estimoted [_		uary	30.4	1968	9:50	D
4.	PLACE IN BAL					CED DEAD		3. DATE	11			Month	Do		Yeor	Hour	L eM.
FU	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINSTI						ED DEAD		Janu	ary	28,	1968	9:50	M.
C		. MORLE	EY STRE	ET ((D 0 A)			A. STATE	-	ryland		ece osed liv	B, COU		sidence b	efore odmis	sion)
6.	SEX	7. RACE		8. MARRIE	ED n	NEVER MAR	RIED	C. CITY	OR TOV	WN			D. INS	IDEET	LIMITS?		
	Male	White		WIDOW	ED D	DIVOR	CED 🗆		LTIMO					YES	X I	NO [
9.	DATE OF BIRTH	1900	10. AGE (In lost birthdo)	68		1 Yr. If Unde Doys Hour				NUMBER orley		ceet					
<u> </u>	BIRTHPLACE		n country)	1	2. CITI	ZEN OF	!	13. FATH									
	MA		nd.		il	T COUNTS		1	Wil	Lin	M	1.	TH	1014	AS		
	USUAL OCCU	PAION (Give		4B. KIND	OF BUS	INESS OR I	NDUSTRY	15. MO1	THER'S /	MAIDEN N	VAME						
	Zuspe WAS DECEASE	ctore		CITY FORCES?		SOCIAL	ion	18. INF	ORMAN	nh	i	· I	DIX	ADI	ORESS		
(Ye	s, no or unknown)	(if yes, give w	or or dotes	of service)		SECURITY	. 45 /	VE	CNA	LEE	/	6 C	dak	NEK	01	Owin	1934
	19.41	99				CAUSE	OF DEA	TH								PROXIMATE IN	
		E OR COND		CTLY		Art	terio	scler	otic	Card	iova	ascul	ar D	isea			
	(This does n	of meon the , osthenio, etc.	mode of dy			(A)IMA DUE	E TO, OR	AS A CON	SEQUEN	CE OF:							
	injury or con	nplication which	ch coused dea	th.)													
		OR CONDITION		CIVING		(B)	TO OR	AS A CO	NSEQUE	NCE OE:						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	RISE TO THE	E ABOVE CAL	USE (A) STAT				10, 01	AD A 001	-SEQUE								
Z	ONDEREIN	10 CONDIII	OIV LAST.			(C)											
CERTIFICATION	OTHER SIGN TO THE DEA	ATH BUT NOT	RELATED TO	THE TERMIN	ING NAL		e ann des des des des des volumes de CO des CO		=======================================								
RT	20A. DATE OF				OR WH	ICH OPERA	TION W	AS PERFO	DRMED						21. AUTO	PSY? (Yes o	r No)
																No	
EDICAL	22A. EXTER		TRIB-	2 h	2B. PLA nome, fo	CE OF INJU	URY (e.g., treet, offic	in or obo e bldg., etc	ut 22C.	WHERE DI	ID (If	n Boltimo	re City, (give exoc	locotion)		
ME			NTH. Doy) (Year) (Hour)	1 22F.1	NJURY OC	CURRED		22F.	HOW DID	INIU	RY OCC	UR?				
	OF INJURY (APPROX.)	(, ((100)		WHIL WOR	EAT	NOT	WHILE _									
	23.				7 .		7 A		1	1.1							
		ify that I have ted from:_N		nquiry L	_	dent 🗌	Suicia	topsy L		nd that o		determi			1		
	10301	/11/	1	1	7,00		001010	ديا ب		F MEDICA							
	ACTUAL SIGNATI	URE/UL	mes.	h	20	2	M. D). A	SSISTA	NT MEDICA	AL EX	AMINER	X			DATE SIGI	NED
	EXAMIN NAME (1	-11 3	erner	J. Spi	tz,	M		A	SSOCIA	TE MEDIC	AL EXA	MINER			1	-30-68	}
	A. BURIAL CRE		4B. DATE		24.1	NAME of CE	METERY	or CREM	ATORY	2	4D. LC	CATION	(Ci	ty, town,	or county)	(Sto	te)
	BURI	AL	2-2-	-68	1115.55	Lou	don	1-	ARI	7.		PLT	140	ORE		Md.	
25	A. DATE REC'D	AN 31		25B. NA	AME OF	REGISTRAI	R	25	San	L SCH	2410	6 144	NE1	ALAD	TO M	9	
Ve	151-REV. 1/1/68		1300 (Mole	15 E	, Table	(3)		san	eis W.	MI	new	×10	IMAL	derse	to Ur	<u>e</u>
A 2	191-KEY. 1/1/00									3	- 1						

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

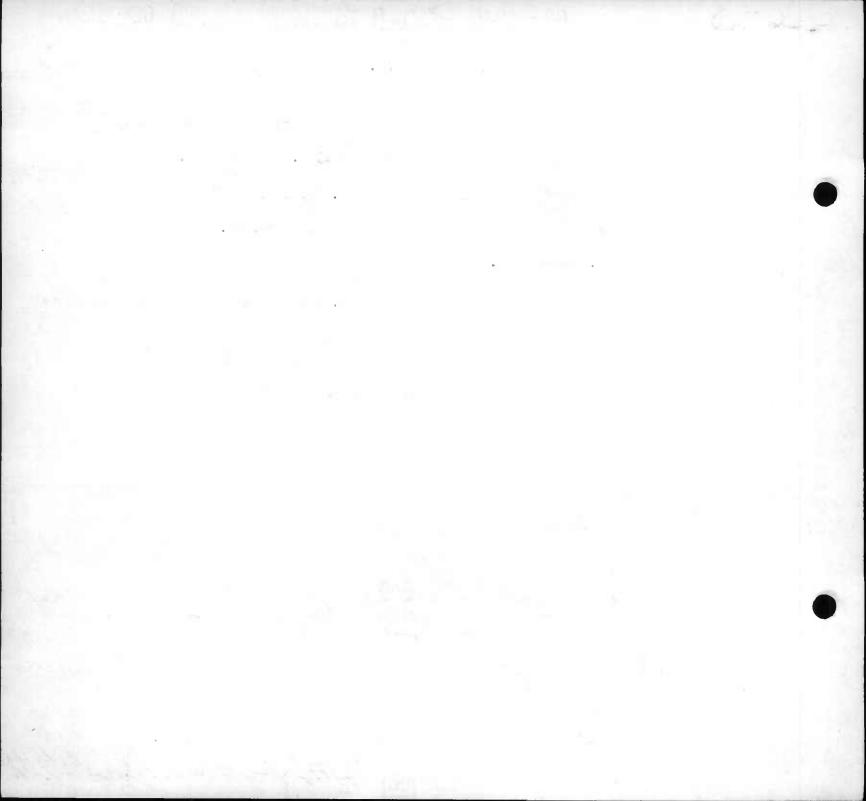
	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 68-1245 CERTIFICATE OF DEATH REG. NO. 68-1245
	1. NAME OF DESTRICTION OF DEATH (Type of Print) 2. DATE AND HOUR OF DEATH (Type of Print) 2. DATE AND HOUR OF DEATH (Type of Print) 2. DATE AND HOUR OF DEATH (Type of Print) (Type of Pr
1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET A. STATE B. COUNTY M. STATE M. STATE A. STATE B. COUNTY
1	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN PES NO E. STREET AND NUMBER
112	904 W- Calhoum Street
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) 12. CITIZEN OF WHAT COUNTRY?
	Minister Columbia, 5. C. US.A.
	Drake Bates Maggie Mears
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war ar dotes af service) 16. SOCIAL SECURITY NO. 213-07-5799 Mrs. Laura Bates Goy N. Calhoun St
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does nal mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE A I I I'VE NE MOR R NO FE. DUE TO, OR AS A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if any, giving DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise la lhe abave cause (A) stating the UNDERLYING CONDITION last. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).
	198. CONDITION FOR WHICH OPERATION (Yes of Not) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF Corm, factory, street, affice bldg, INJURY OCCUR? DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exact lacation) hame, form, factory, street, affice bldg, INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Work At Work 21E, INJURY OCCURRED
	22. I certify that (I) (this hospital) attended the deceased fram 19
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23B. DATE SIGNED
	23C. PHYSICIAN'S Attending Med. Director Phys. 1.2968 23D. ADDRESS
	NAME (Type) NAME (Type) OGF R THEODORE DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Surja 2-3-68 Arbytus Mem. Fark Baltimore 11d. 25a. Date Rec'd By Health Dept. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR , ADDRESS
	VS 150-REV. 1/168 R. L. B. & Fallyna Morton & Dyett F. H. 1701 Loureus St

Minister Columbia 5 C

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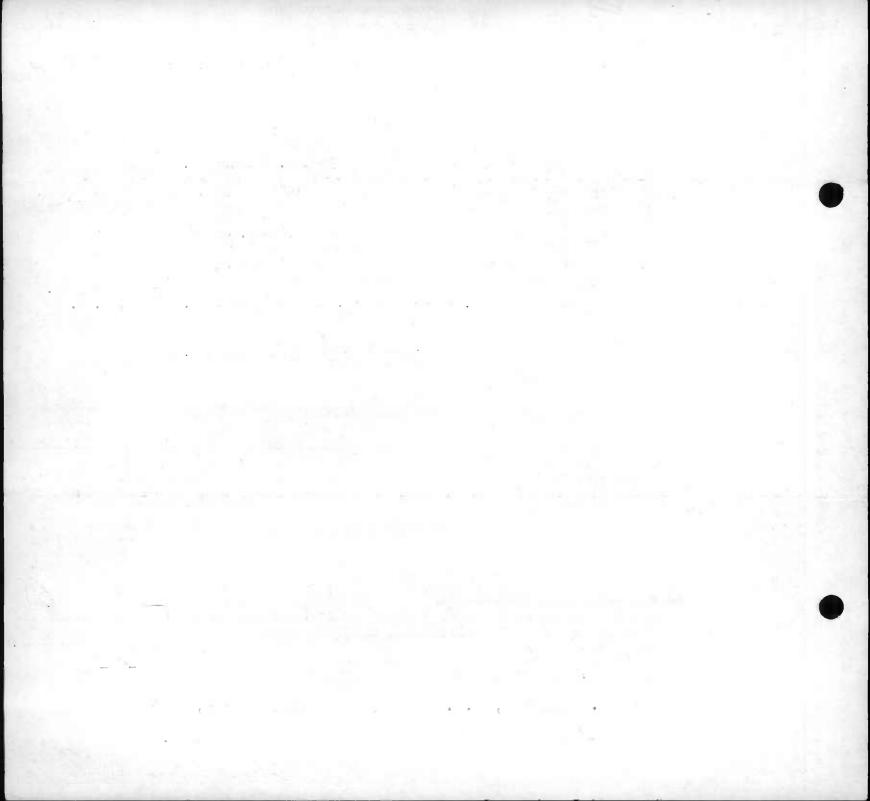
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VS 150-REV. 1/1/65



_ 1	68- 1247 CERTIFICA	HEALTH DEPARTMENT TE OF DEATH REG. NO. 68- 1247
25000	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.
the st	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- B 0 E	(Type or Print) Louise Polsey Kuhn	January 29, 1968 9:30 Am.
of do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
hospita use of (5) Dec lance o death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland c. CITY OR TOWN D. INSIDE CITY LIMITS?
se; se; to to	Long Green Nursing Home	Baltimore D. INSIDE CITY LIMITS?
i again	91)	E. STREET AND NUMBER
d c d c d c d c d c d c d c d c d c d c	10	3401 N. Calvert St. 2128
L 2 0 5 5	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Tri fri	Female White WIDOWED DIVORCED	July 19, 1885 lost bighdoy Months Doys Hours Min.
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rect or c (4) Undet was in the dec	done during most of working life, even if retired) Hou sewife	Roston Maga
de de sit	13. FATHER'S NAME	Boston, Mass.
if ⊕ct t ¥ po	George Arlon Polsey	Jennie Peterson
dir dir dis		
stant ind; eath e on al di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT 909 Whithey Dr.
ki ki	No None 21.2-09-5683 I	Mr. Bradford Kuhn, Jr. Aiken, S. C.
if if any any ced	18.4 3 6 1 CAUSE OF DEATH	APPROXIMATE INTERVAL ABETWEEN ONSET AND DEATH
his for en	DISEASE OR CONDITION DIRECTLY	
Als Pour me	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	Ebral Vaxendar accused
2.30.0	heart failure, asthenio, etc. It means the disease,	A CONSEQUENCE OF:
ner act act pr vla	injury or complication which caused death.)	
Tr. fr.	ANTECEDENT CAUSES (B)	A CONSEQUENCE OF:
exa 3) A 3) A	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the obove cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C)	
dicalical	z 33/X II	
bed by hy rer	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ief rady le pleidig	U 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
chi Boo Boo the the ysi	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
he (2) ph for	OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	n or obout 21C. WHERE DID (If in Boltimore City, give exoct location) fice bldg., INJURY OCCUR?
> ± 0 + Z 0	DEATH (notify medical examiner)	
d b	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. TNJURY OCCURRED OF INJURY White At D. Not White	21F. HOW DID INJURY OCCUR?
h h d d	(APPROX.) While At Not While At Work	
こら > × こむ	22. I certify that (I) (this haspital) attended the deceased from.	1968 to 1900,
000.0	that (1) (we) last saw the deceased alive on	19 60 and that in (my) (our) apinion death accurred an the date
00	and have and fram the causes stated above. (1) (## (did) (did nat) v	iew the bady after death.
dent deat	23A. SIGNATURE	23 B. DATE SIGNED
- W C A		nding Med. Shaff 1-30-68
1 = 0	23C. PHYSICIAN'S	23D. ADDRESS
y was r y was r 1) An a b.A. at d d prior	William G. Helfrich, M.D. DEGREE	5006 Roland Avenue, 21210
H S A B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
certificate body was a ws: (1) An a D.O.A. at eased prior	Cremation 1/31/68 Loudon Park Cre	
s c s l s l	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
This cert the body shows: (was D.O decease written	FFB 1 1968 R.O. 6- 8 Fr. Duna	Wat Tukner Llong Balls, wide

Cremation 1/31/68 Loudon Park Crematory Baltimore, Md. 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR VS 150-REV. 1/1/6B



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

7	-5 25 68- 1248 BALTIMORE CITY HEALTH DEPARTMENT 68- 1248
7	68- 1248 CERTIFICATE OF DEATH REG. NO. 68- 1248
	1. NAME OF DECEASED Thomas 2. DATE AND HOUR OF DEATH
	Type & Print 1/2 PS: TV HOSD FINKINES-TOHN 1-29-63 1:17Pm.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SobiNa Field STHARD,
	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS
	Milder Wikke MA, YES NO
	E. STREET AND NUMBER
	"UNIVERSITY MOSP.
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost bightles) Months Doys Hours Min.
	WIDOWED DIVORCED 4/17/98
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Mechanic - Retired Maryland
	13. FATHER'S NAME
	Ma Hanist Va Wis
	15, Wos Deceased Ever in U. S. Armed Forces? 16, SOCIAL 17, INFORMANT ADDRESS
	(Yes, no of unknown) (If yes, give wor of dotes of service) SECURITY NO. 216-09-4883 AMrs. Edna Grimes Pinkine Elkton, Md.
	BETWEEN ONSEI AND DEATH
	LEADING TO DEATH Transmediate Cause Museardial Inferction immediate
	(This does not mean the made of dying, 2.1.) DUE TO, OR AS A CONSEQUENCE OF:
	heart failure, asthenia, etc. II means the disease injury or complication which coused death.)
	ANTECEDENT CAUSES THASCUD 7 LIEARS
	DISEASES OR CONDITIONS, if any, giving Due TO, OR AS A CONSEQUENCE OF:
	rise to the abave cause (A) stoling the UNDERLYING CONDITION tost.
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF THE PROPERTY O
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
2	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
,	THE STATE OF STATES ENGINE FROM LEG
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
	d DEATH (notify medical examiner) etc.) Institution Spring field State Hospital, Sykesuille,
	D 21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) 1/27/67 430 While At At Work At Work Indeterminate
	22. I certify that (this hospital) attended the deceased from 1/16 1968 to 1/29 1968.
	that (\$ (we) last saw the deceased alive an 1/29 19 68 and that in (1/20) apinian death occurred on the date
	and hour and from the causes stated above. (#) (We) (did) (did mot) view the body after death.
	23A, SIGNATURE . 23B. DATE SIGNED .
	MA Jothoron Attending Med. Staff Phys. Director Phy
	23C. PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS
	NAME (Type) W. H. SOTHORON DEGREE University of Md. Hospital, Beltimore
	DECEMBED AND ADDRESS OF THE PROPERTY OF THE PR
	REMOVAL (Specify)
	Burial 1/31/68 Loudon Park Cemetery Baltimore, Md.
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR 2SC. FUNERA
	VS 150 PEN 1/1/68

The state of the s 1798 2011

	00	101	BALTIMORE CITY	HEALTH I	DEPARTMENT		CO	4040
BIRTH NO.	60	124	9 CERTIFICA	TE OF	DEATH	Registered	No. 10 ***	1249
M.E. CASE NO.							A 711	
(Type or Print)					2, DATE	AND HOUR OF DE	4 -	0 15 4
,,	WOOLFO		GEORGE WA	LTER		JAN. 30,		9:15 A
FULL NAME HOSPITAL OR	OF (If not in hospital oddress or location) NES HOSPITA	or institution, (give street	A. STATE MD	R TOWN (I	DUNTY f outside city limits,	III JURA	residence before admission
31 AG	NES 1031 I IA	L-		71	5 STAMI	FORD ROAD	212	29
5. SEX MALE	6. RACE WHITE	7. MARRIED,	R TED (specify)	8. DATE 0 08-0		9. AGE (In years lost birthday)	1f Un Month	der 1 Yr. If Under 24 Hrs s Days Hours Min.
	CUPATION (Give kind of world f warking lite, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	1 1111	ARYLANI		12. C	ITIZEN OF HAT COUNTRY?
13. FATHER'S NA	ME			14. MOTH	ER'S MAIDEN	NAME		
	ISON A. Woo					A STEINBOO	CK	
l 5. Wos Decease (Yes, no or unknow	d Ever in U. S. Armed For	rcos? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORA	AANT			ADDRESS
No	None		213 10 76	65 ST	AGNES	HOSPITAL	CATON	& WILKENS
18.11/	0,9		CAUSE O					INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY		. 1	, 0	0		ONSET AND DEATH
	LEADING TO DEATH		(A)	Hear	1 Tan	len		120zussus
heart failure	nal mean the made of , asthenio, etc. 11 means mplication which caused	the disease,	DUE TO	~ AA		0 \ 1	0/	- W-
miloty di ca	ANTECEDENT CAUSES		(8)	MM	read	- Confin	7-	2110.
DISEASES			DUE TO	(
rise la 1	OR CONDITIONS, if he abave cause (A) IG CONDITION last.		(C)			<u> </u>		
E TO THE	IIIICANT CONDITIONS COEATH BUT NOT RELA	ATED TO TH						
		DITION FOR	WHICH OPERATION	20 A. A.	JTOPSYT (Yes o	(No) 20B. IF YES, W	CAUSES O	S CONSIDERED F DEATH?
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF by medical examiner	21 B. hom etc.	PLACE OF INJURY (e.g., in te, form, foctory, street, of)	n or obout 2 ffice bldg., I	IC. WHERE DI	D (If in Bol	timore City,	give exact location)
Q 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	2	F. HOW DID	INJURY OCCUR?		
S OF INJURY		Wh	ile At Not While					
				TAX	22	1968 10	JAN. 3	1968
	y thot (I) (this hospita			JAN.	22	1900 to	JAIN.	19 00
that (1) (we) lost saw the decease	ed olive on	JAN. 30	19	68 and	d that in (my) (our)	apinian de	oth occurred on the do
and hour ou	nd from the couses sto	ted above. (I	1) (We) (did) (did not) v	daw the h	dy ofter dea	.eh		
23A-SIGNAT		Ted obove: (I	- (ora) (ora nor) v	TIOW THE D	307 01161 060	71116	122 P. D.	ATE SIGNED
234 0101141	on a control		M.D. AH	endina 🦳	Med,	Stoff T		-30-68
	ux no			ending	Med. Director	Phys.		-50-00
PAME	Two	~ JT		CATON		KENS AVE.	BALT	IMORE MD
24A. BURIAL CR		24C. N	AME of CEMETERY of CRI	EMATORY	241	D. LOCATION	(City, town	, or county) (Stote)
Buria		L	oudon Park Cer	me te ru		Baltimor	ьМа	
	D BY HEALTH DEPT.		OF REGISTRAR	-	JNERAL DIREC		, mus	a Appress 4
	1000	000	Q To Duna	211	noti.	6 11	2 2	golle I ma.
VS 150-REV. 1/1	FEB 1 1968	1 Col	L'S Manger	IV.	nysu	men	no	way ara

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ALE RE-B-B DEIRHAL STIM SLA

AUTIMA . RUTIMA

- 215 to 7565 ST AGNES MOSPITAL DAYOR ON ELE

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FUNERAL DIRECTOR: IMPORTANT

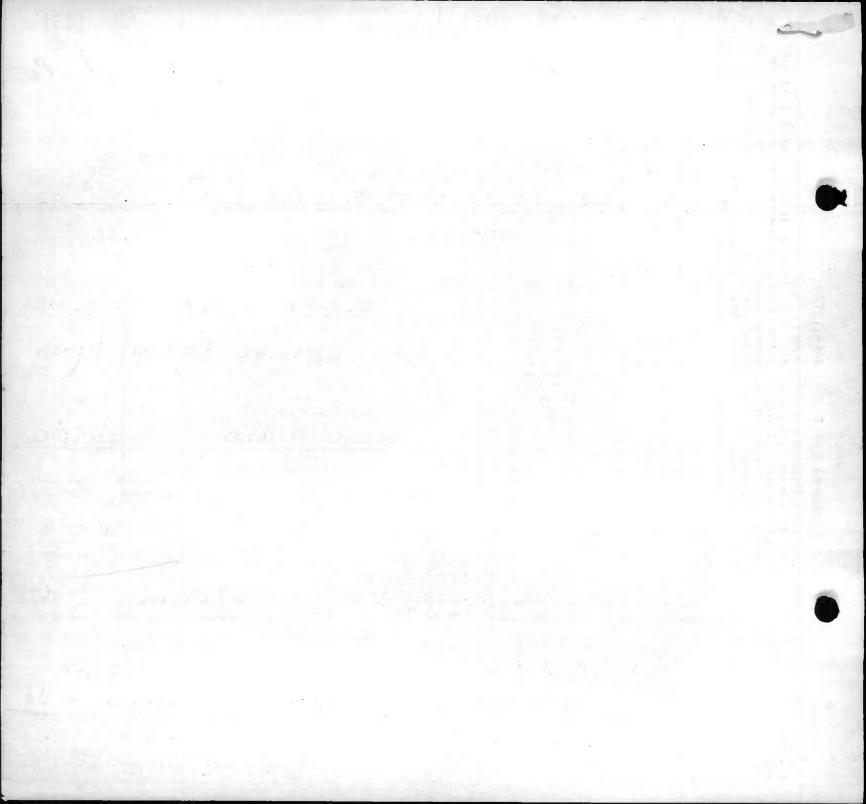
the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An occident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physicion who pronounced death was in regular attendance on the deceased prior to deoth); and (6) No physicion was in regular of tendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical exominer or his assistant if deoth occurred in o hospital and

	68-	1250 BALTIMORE CITY	HEALTH DEPARTMENT		68- 1250
BIR	TH NO. 68-0133/897	CERTIFICA	TE OF DEATH	REG. NO	2.400
1. N	AME OF DECEASED			D HOUR OF DEATH	Can.
	Kobusa Y			29-68	1 830 HW
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PR	NOUNCED DEAD	A. STATE B. COUN	TY	
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET		ALTIMORE C	
INS	TITUTION ADDRESS ON LOCATION		C. CITY OR TOWN	D. INS	IDE CITY UMITS!
13:	3 Johns Haplus 1	les o	BALTIMORE E. STREET AND NUMBER	2000	VE NO L
		0	2241 EAST PR	ESTON STRE	ET 21213
S. S	EX 6. RACE 7. MARK	HED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	MIDON	VED DIVORCED	1-21-68	8 clara	8
	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
			Bultime	ne	usa
13	EATHER'S ENAME H.		14. MOTHER'S MAIDEN NAM		,
7	me Robinson	- SR.	Deboral	n Robin	36
15. (Yes	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give wor or dates of serv	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Ne				
	18.77621	CAUSE OF DEATH			SETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		IMMATURITY		
	(This daes not meen the made at dying,		SE IMMATURITY A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the dise injury or complication which coused death.)	IDIOPA	THIC RESPIRATOR	RY DSSTRES	s
	ANTECEDENT CAUSES	SYNU	ROME		
	DISEASES OR CONDITIONS, if ony, gi		A CONSEQUENCE OF:		
	rise to the abave cause (A) stoling UNDERLYING CONDITION tost.	(c)	ARY HEMORRHAGE		
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TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
<	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		hes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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CAL	DEATH (notify medical exominer)	etc.)	inco siaga, intoki o ccoki		
000	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
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	22. I certify that (1) (this hospital) attend			19to	-29-68 19
	that (I) (we) last saw the deceosed alive	on 1-29-68	ond the	ot in (my) (aur) api	inlan deoth occurred on the date
	and hour and from the couses stated above	e(We) (did) (did nat) v	lew the body after deoth.		
	23A. SIGNATURE				23B, DATE SIGNED
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	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	Robect susk	IND MDEE	John 1	berolus	Herra
244	REMOVAL (Specify) 248. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY accorden	ocation (c	ity, town, or coulty) (Stote)
C	REMATION 1-29-68	10HN COHORKSING of	- 1 - 2 - 2 -		OVI AND
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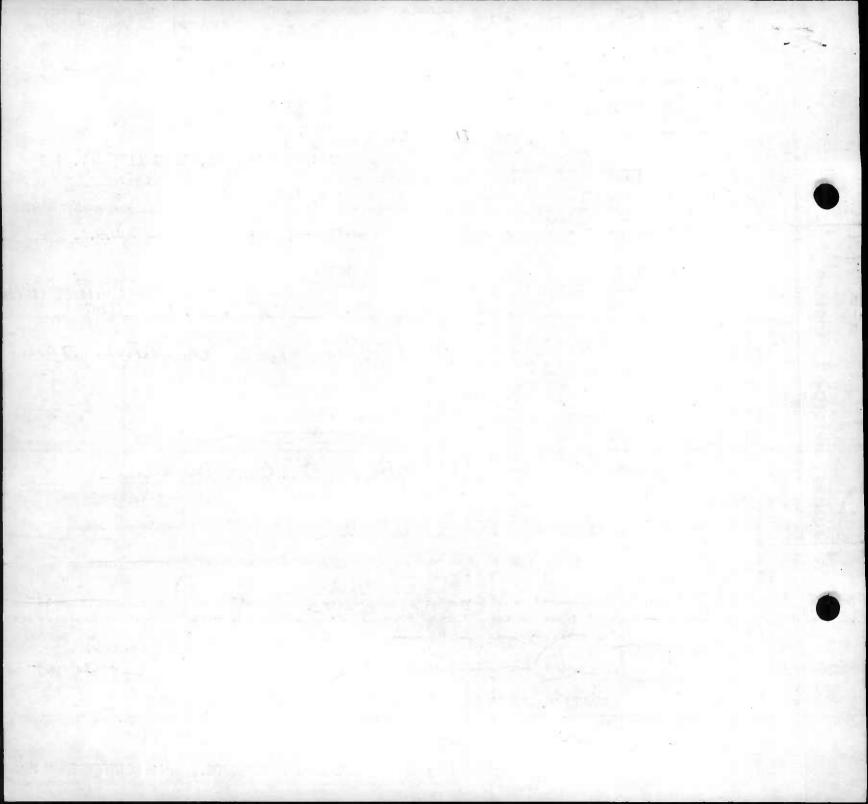
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	B1 1. (T 3. FH. II) S. 10 do
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is certificate body was ows: (1) An as D.O.A. at ceased pricition appro-	2
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2

- 11 - 00	BALTIMORE CIT		REG. NO.	68-	1751
5-160 68-	1251 CERTIFICA	TE OF DEATH	KEG. NO.		1601
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NAME OF DECEASED Type or Print)	۸				10
HARRY SCHAPIRO		JANU	ARY 30, 196	8 If institution: residence	e before odmission
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. CO		THE STATE OF THE S	と"人
FULL NAME OF (IF NOT IN HOSPITAL O	OR INSTITUTION, GIVE STREET	MARYLAND		21-	51
HOSPITAL OR ADDRESS OR LOCATION	1)	C. CITY OR TOWN		NSIDE CITY LIMITS?	200
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OA. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTR		oreign country)	12. CITIZEN O	F WHAT COUNTE
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3. FATHER'S NAME		14. MOTHER'S MAIDEN	MINE		
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5. Was Deceased Ever in U.S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
NO	SECURITY NO.	MRS. DOROTHY S	CHADIDA 15	AZ DECATA	DD #0102
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BALTIMORE CITY HEALTH DEPARTMENT 68- 1254 REG. NO. CERTIFICATE OF DEATH Deceased Such death BIRTH NO 2. DATE AND HOUR OF DEATH LNAME OF DECEASED (Type or Print) 1-29-68 uo hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE attendance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS cause; 0 0 YES L prior E. STREET AND NUMBER contributing occurred etermined made regular 5. SEX . AGE (In 6. RACE B. DATE OF If Under 1 Yr. MARRIED NEVER MARRIED deceased last bj<u>uh</u>d Months Doys WIDOWED DIVORCED 0 S 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12, CITIZEN OF WHAT COUNTRY? disposition done-during mast af working life, even if retired) U.S. Post Office Maryland IMAR (4) Und 20 MOS 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct Mary Tripp ODER IMPORTANT uo kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT 1 6. SOCIAL or final SECURITY NO. attendance 6053539 ce same any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY \$0, med o LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., regular re embal heart foilure, osthenia, etc. Il meons the diseose, DIRECTOR: injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving PRRhosis stating the lo the above cause (A) physician UNDERLYING CONDITION last. the remains Was Body burns; 581.1 П FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar Na) the 0 WAS PERFORMED 5 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, affice bidg., INJURY OCCUR? 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) 21 D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Wark Work 22. I certify that (1) (this haspital) tended the deceased from 1960 and that in (my) (our) pinion death accurred on the date (we) Dist saw the deceased alive (We) (did) (did not) view the body after death. and haur and from the causes stated above. (1) 23A. SIGNATURE 23B. DATE SIGNED Med. Staff Attending Phys. Director L Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. or CREMATORY REMOVAL (Specily) Burial -2-68 Balto. Nat'l. Cem. Baltimore.

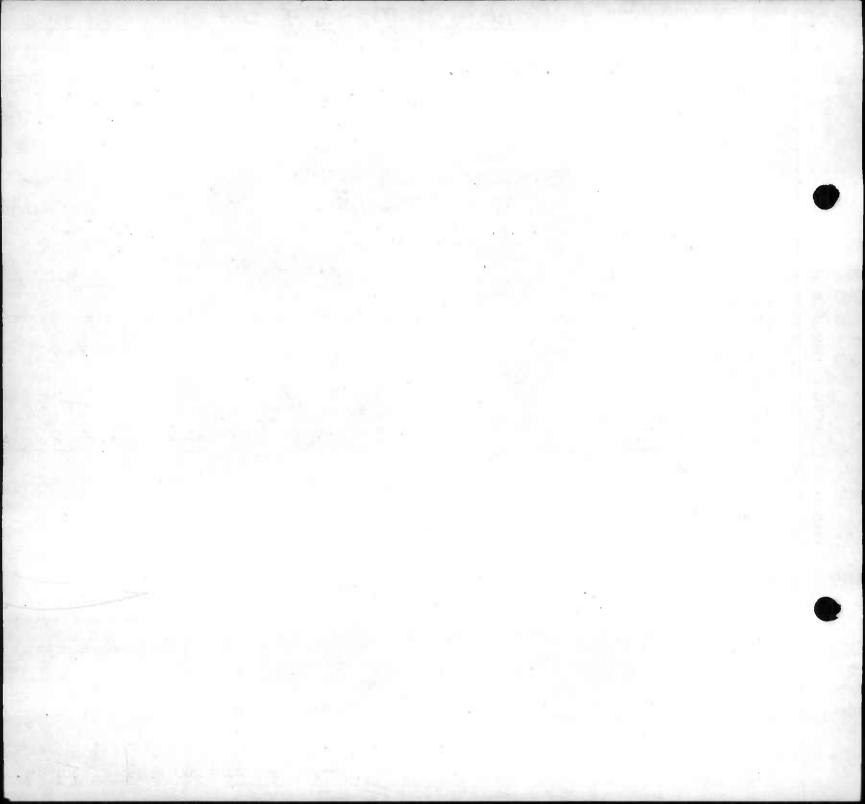
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Hours

ADDRESS

Il Under 24 Hrs.

before where to the hospital ON (9) any nature; obtained (except and be of hospital eath) must was released T 0 approval O prior certificate t D An shows: (1) eceased D.O. the body decease W as 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Kelson Funeral Home 1348 Calhoun St.



VS 150-REV. 1/1/6B

6	68-1	955 BALTIMORE CITY	HEALTH DEPARTMENT		20 4000
0	1 1	CEDTIFICA	TE OF DEATH	REG. NO.	68-1255
	BIRTH NO. THOMAS WATER	2,		D HOUR OF DEATH	
	(Type or Print) Thomas Walter W	aters	1-3	0-68	1 6 17.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	e deceased lived. If ins	stitution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN	TERRET SALE MOLITIFE	Maulla	nd 1	et na
	HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C, CITY OR TOWN	ND NUMBER Calhour St GIRTH 9. AGE (In years 16 Under 1 Yr. Months Doys H CE (Stole or foreign country) A Virginia USA	DE CITY LIMITS?
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Bom	S. SEX 6. RACE 7. MARI	RIED NEVER MARRIED		lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		WED DIVORCED	12-29-1873		
n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
disposition	musician		UA Vir	ginia	USA
051	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
Sp	Lenkharen Jefferso	n Waters	frakanone	The Ellen C	Dawson
	15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
fino	(Yes, no or unknown) (If yes, give wor or dotes of serv	• • • • • • • • • • • • • • • • • • • •	Mrs Katie F	Kelly 10	S.Calhoun St.
	18. 1 + 4 ×	220-14-0308A		therry to	APPROXIMATE INTERVAL
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E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
e re	 ☐ TO THE DEATH BUT NOT RELATED TO THE TERMIT ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A). 				
the	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	10 B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
9		[0.0 0	I do a worse su	11.0	•
before	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of		(It in Boltimore	City, give exoct location)
	DEATH (notify medical examiner)	etc.)			
oined	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
	(APPROX)	While At Work Not While At Work			
ţ.	22. I certify that (I) (this hospital) attend		//-/3	1967 10 1-	36 1968.
0	that (I) (we) last saw the deceased alive	an /-30-	19 68 and the	at in(my) (aur) apir	nian death accurred an the date
† +	and haur and from the causes stated above		iew the bady after death.		
ıust	23A. SIGNATURE	. 10			23 B. DATE SIGNED
E	Man Ham		nding Med.	Staff Phys.	1-30-68
0	23C. PHYSICIAN'S	VEOREE	23D. ADDRESS	/	177
approval	NAME (Type)	NALINE DEGREE	2519 X	THUISON M	to bother)al
de		C. NAME of CEMETERY of CRE	MATORY 24D. LC	OCATION (Cit	ly, town, ar county (State)
	REMOVAL (Specify) Burial 2/2/68	Mount Hebron		nchester.	
written		MOUNT HEDION	25C. FUNERAL DIRECTOR		ADDRESS
×	1968 R.C.		Walters Fund	eral Home	Pratt&Stricker
	VS 150-PEV 1/1/6R				Sts.



Such

BALTIMORE CITY	HEALIH DEPARIMENT
BIRTH NO. 68- 1256 CERTIFICA	TE OF DEATH REG. NO. 68- 1256
TINAME OF DECEASED PLATON KREDIC	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION CHURCH HOME AND	A. STATE B. COUNTY Maryland C. CITY OR TOWN B. HINSTE CHY LIMITS? YES NO
^ /	F. STREET AND NUMBER
35 HOSPITAL	207 HERRING CT.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
M WIDOWED DIVORCED	1-30-87 lost 81 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY	11. BtRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
STEVADORE U.S. FRUIT CO.	Russia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	HARRIS ASSOCIATE 137 S CONTRAL
NO 218-01-6768	MARKIS MADROSIR
18. 2/ 1 2 GAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	A CONSEQUENCE OF SEASE OUT CARDINE ANIST. MINUTES
(This does not mean the made of dying, e.g., OUE TO OR AS	SE COGNO SCENOTIO MENY JULIS
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE disease w/
injury ar camplication which caused death.)	outline of
ANTECEDENT CAUSES	cardiae and, minutes
DISTACES OF CONDITIONS (B)	A CONSEQUENCE OF:
, , , , , , , , , , , , , , , , , , , ,	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last,	
UNDERLING CONDITION lost. (C)	
- 420.1 II Greens	ver speration on agrandolphia
O THE DEATH BUT NOT RELATED TO THE TERMINAL CONSTITUTED	dernie o alog resient following hours
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION WAS PERFORMED 1-29-68 21A. ACCIDENT WAS UNDERLYING TO 21B. PLACE OF INJURY (e.g., in the part in the	IN CERTIFYING CAUSES OF DEATH?
	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?
O Contract of Cont	
21D-TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	e 🗂
Work LA At Work	
22. I certify that (1) (this hospital) attended the deceased from	January 27 19 68 to January 30 1968,
that (I) (we) last sow the deceased olive on January	30 19 ond that in (my) (out) opinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did) (did not) v	iew the body ofter deoth.
23A. SIGNATURE	23B, DATE SIGNED
	nding Med. Staff D /- 20-0
DEGREE Phys	
	23D. ADDRESS
NAME (Type) JOSE S. MEGISOG	came in the
DEGREE	PAATORY 24D LOCATION (C'
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 7-2-68 Holy Trimity Prise	lan cem. Elkridge Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	Mitialkinghi 2007 Enter Are.

212 3

1000 aller of standing from No American Course and Empired White are weller barrens 1-29-68 straspiological est come James of the Comment of the Samuel Just a Warmer colonel mile story Gusar I in

FUNERAL DIRECTOR:

examiner.

medical burns; physician

where

except

deceased prior to death); and (6) No physician was

shows: (1) An accident of any nature; (2)

was D.O.A. at a hospital

the body was released to the hospital

This certificate must be approved by the chief medical examiner

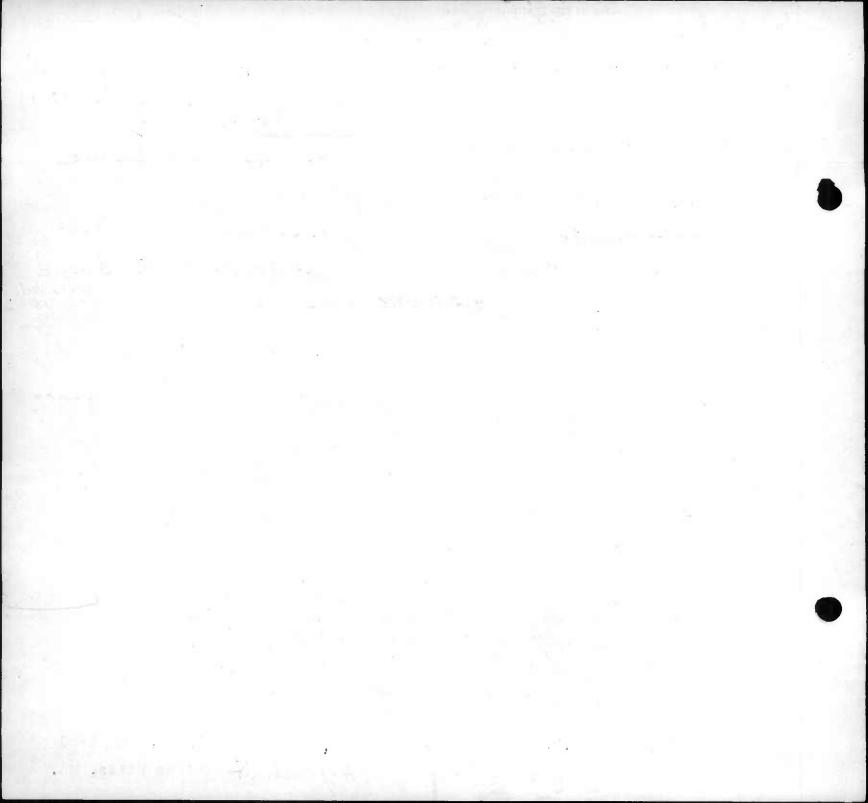
10				Y HEALTH DEPARTMENT		68- 1257
BIRTH NO.	68	- 1257	CERTIFICA	TE OF DEATH	REG. NO.	OO ICOI,
1. NAME OF DE (Type at Print)		Y, Ralp	oh B	2. DATE	30 68	1540
3. PLACE IN BA	LTIMORE, MARYLAND, V				There deceased lived. If i	institution: residence before admission
FULL NAME OF	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)			Virginia c. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
	1		Arlington		YES 🔣 NO 🗌	
)) The J	ohns Hopkir	s Hospi	Ltal	E. STREET AND NUMBER	h St., Sout	th V-43
S. SEX	6. RACE	7- MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Male	White	WIDOWED		1-25-11	56	0 5
	CUPATION (Give kind of wor f warking life, even if retired)			11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTR
	Instructor	II S Go	on Buildin	HOT SPRING	S, ARKANSAS	UNITED STATES
3. FATHER'S N	AME	10.0.00	V CI IIII CII O	14. MOTHER'S MAIDEN	NAME	
Charl	es O. Green	way		Lydia M.	Barnett	
S. Was Decease Yes, no ar unknow	d Ever in U. S. Armed Fo	ces?	6. SOCIAL SECURITY NO.	MRS. DOROTE	fe) RY GREENWAY	RLINGTON VIRGIN
18. 0 / /	9		CAUSE OF DEAT	гн		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISE	ASE OR CONDITION DI	RECTLY	Ramin	1	~	DEIWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CA	USE ON arre	257	45mm
	nal mean the made af , asthenia, etc. It means			A CONSEQUENCE OF:	A	
	implication which caused		Programa	nitis, tubero	Acie	
	ANTECEDENT CAUSES	- 11	(R)		with a	6 mo.
	OR CONDITIONS, if		DUE TO, OR A	A CONSEQUENCE OF:		
	he abave couse (A)	sloling lhe	(c)			
492 Y	11					
OTHER SIGN TO THE DEA DISEASE OR	IFICANT CONDITIONS CO	NTRIBUTING	Rossill	myocardia	1 Charles	100
	ATH BUT NOT RELATED TO T	RT I (A).		0		AN
19A. DATE C	OF OPERATION 198. CON WAS PER		HICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A. ACCID	ENT WAS UNDERLYING	7 21 B. P	PLACE OF INJURY (e.g.,	in ar about 21C WHERE DIE	O (If in Baltima	are City, give exact location)
OR CONTRI	BUTING CAUSE OF fy medical examiner)	home, elc.)	, farm, factory, street, o	office bldg., INJURY OCCUR	?	
21 D. TIME	21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
(APPROX)		While				
22 1 cortif	y that (l) (this hospita			. (.	19 68 ta 1 -	30 19 4
) last saw the deceos			19 68 ond		Inion death occurred on the da
						sinion dearn occurred on the do
		ted obave.		view the bady ofter deo	th.	23B, DATE SIGNED
23A. SIGNAT	oke 1	./	AH	ending Med. pirectar] Staff [
hunt	When B. Me	mm	DEGREE		Phys.	1.30.68
NAME	ANS (Type)			23D. ADDRESS		
Chris	Lopher B. N	PRRUT	MD DEGREE	Johns Hopla	in bushy	ral Batto Md.
24A. BURIAL CE REMOVAL	Specify) 248. DATE	24C. NA		REMATORY 24E	LOCATION (City, town, or county) / (Stote)
DIIDT		968		1	HOT SPRINGS	ARKANSAS
25A. DATE REC	D BY HEALTH DEPTS	258. NAMEO	REGISTRAR	25C. FUNERAL DIREC		ADDRESS
568 1	·· 1968 (P. P.	1 8 da	Very Parketing Park	MA DITTATE ILL	MACCONTINUOUS	WASH D. C.

ARKANSAS ADDRESS ANY-1300 N.S

VS 150-REV, 1/1/6B

Respondent and Programmed Authorithms Remible to yet indications Were the burtyles C. Henry the they bear you make the Christophia B. Moparit, MD

	00 10	BALTIMORE CITY	HEALTH DEPARTMENT	\	68- 1258
	68- 12	258 CERTIFICA	TE OF DEATH	REG. NO.	00 1,500
	IAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Ту	pe or Print) THERESA M	. SHEARE	R I	130/18	230 AM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. Il insti	itution; residence before admission)
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR IN DSPITAL OR ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	C CITY OD TOWN	ND BAI	timore 53-00
18		FENERAL	E. STREET AND NUMBER 201		YES NO [
5. 5	SEX 6. RACE 7. MADD		- / 0		Il Under 1 Yr. , If Under 24 Hrs.
Z	CMALE CAYE WIDOV		12/28/87	ost birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA GE (State or foreig	n coun try)	12. CITIZEN OF WHAT COUNTRY
	wore Housewife		14. MOTHER'S MAIDEN NAM	IND	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
	RASIL CAL	ex	MAR	CARet	Reamond
	Wos Deceased Ever in U. S. Armed Forces? . s, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS POLS MA
``		495-50-0778	EDGAR SH	CARER	229 GLYNDEN
1	18. 42 4 9	CAUSE OF DEAT		Color	APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	SE Circlud Vaa	enter The	malais day
	(This does not meen the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ose,			
	ANTECEDENT CAUSES		ACCUA		Viano
	DISEASES OR CONDITIONS, if ony, give	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the obove couse (A) stoling				
	UNDERLYING CONDITION lost.	(C)			
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN		unas est	ing luan	- Jun.
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IF YES WERE FIL	NDINGS CONSIDERED
H	WAS PERFORMED	OK WHICH OFERALION	257.12.6107311.1103.07.1107	IN CERTIFYING CAUS	SES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(II in Boltimore	City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF	home, form, factory, street, or etc.)	fice bldg., INJURY OCCUR?	(**************************************	,
	21D.TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
1	OF INJURY (APPROX.)	While At Not While Work At Work	ep		
			<u> </u>	. /0	1/30 19/8
	22. I certify that (this hospital) attend			9 6 8 to	
	that (we) lost sow the deceosed olive	on	1966ond the	of in (my) (and apini	on death accurred on the date
	and hour and from the couses stated abov	e. (I) ((did) (did (did (did (did (did (did	iew the body ofter death.		
	23A. SIGNATURE	1			23B. DATE SIGNED
	C. S. 68 st.	OE GREE Phy	nding Med. Director	S faff Phys	1/30/68
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	HAME CIPPE				
24	A. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (City	town, or county) (State)
		New Cathedra	1 Cen.	Baltimore	, Mary land
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	New Cathedra		. 1	ADDRESS
	FEB 1 1968 R.P. B	2, Farley Ma	H.J. Schhar	Wings	Mills, Md.
VS	150-REV. 1/1/6B				

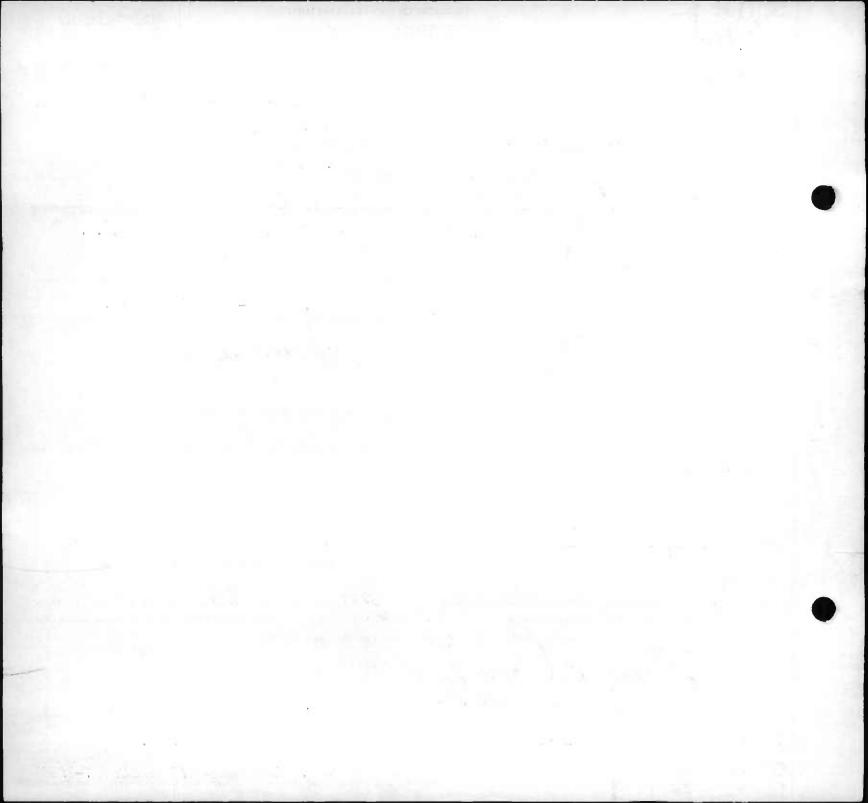


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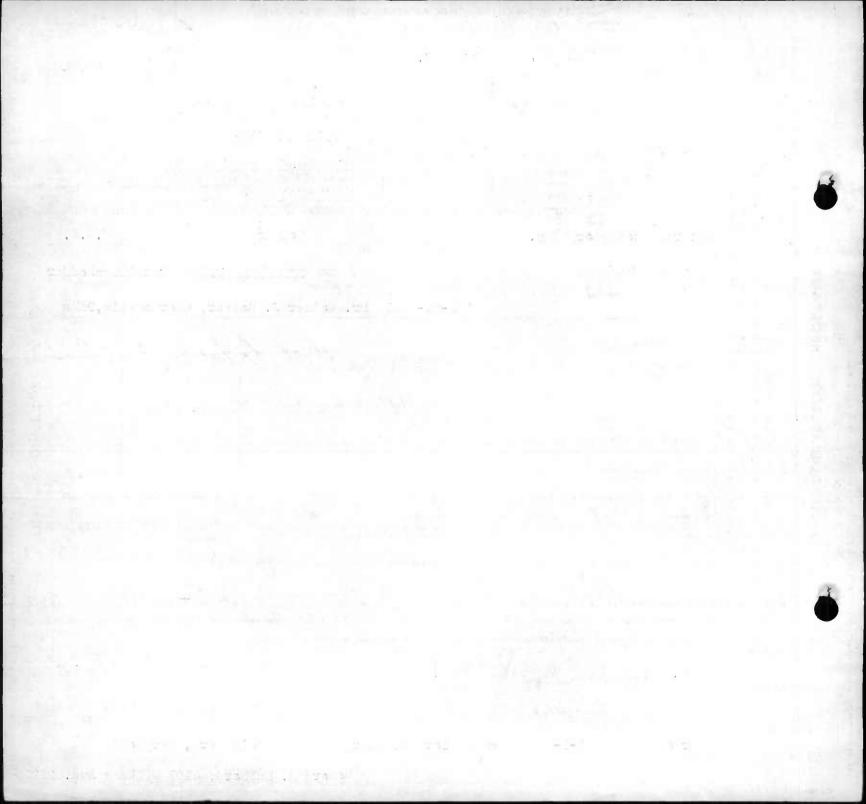
	CO	1259 BALTIMORE CITY	HEALTH DEPARTMENT		68- 1259			
		CERTIFICA	TE OF DEATH	REG. NO.	OO THOO			
	TH NO.			AND HOUR OF DEATH				
	De or Print) DAUID H CK	300115	2. DATE		1055 4Min.			
3.		PRONOUNCED DEAD	4. USUAL RESIDENCE (W	1-28-68 here deceased lived. If in	stitution: residence before odmission)			
			A. STATE B. COL	FITSMA	1 775			
HC	SPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	C. CITY OF TOWN		DE CITY LIMITS?			
IN:	STITUTION		BALTIM		YES NO			
14	Union Memorial F	lospital	E. STREET AND NUMBER	1	1 - 1 -			
		·/	4002	EIERMA				
5. 5	6. RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
11		DOWED DIVORCED	12-14-16	31				
	. USUAL OCCUPATION (Give kind of work 10B, e during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
laon	Painter L	Balto. (ity	Baltimore,	Aryland	U.S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N					
	Thomas Grooms		Bertha	Vorris				
15.	Was Deceased Ever in U. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
1110	Yes WWII	2/8-05-5/39	Mary B. Groom	ms-4002 Eierm	an Ave.			
-	18.410.9	CAUSE OF DEAT	H g		APPROXIMATE INTERVAL			
	DISEASE OF CONDITION DIRECTLY							
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE MYOCARC	DIAL INFA	PETION 20 HIN			
	(This does not meon the made of dyin heart failure, osthenia, etc. It meons the injury or complication which caused deat	diseose, DUE TO, OR AS	A CONSEQUENCE OF:					
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the above couse (A) stating the							
	UNDERLYING CONDITION lost. (C)							
Z	OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING						
ATIC	TO THE DEATH BUT NOT RELATED TO THE TELDISEASE OR CONDITION GIVEN IN PART 1 (A	RMINAL						
ERTIFICATION	19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED			
ERTI								
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact lacation)			
	21D. TIME (Month) (Doy) (Year) (Ho	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?				
1	(APPROX.)	While At Work Not While At Work	e 🔲					
	22. I certify that (I) (this hospital) att	ended the deceosed from	STPT 1	19 6 7 to 1	-28 19 68,			
	that (I) (we) last saw the deceased al			that in (my) (our) opi	nion deoth occurred an the date			
	and haur and from the causes stated a	bave. (1) (We) (did) (did nat)	riew the bady after deat	h.				
	23A. SIGNATURE		,		23B, DATE SIGNED			

Med. Director Staff Phys. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 32 24A. BURIAL CREMATION, REMOVAL (Specify) LOCATION (Stote) town, or county) Mde Baltimore National | 258. NAME OF REGISTRAR | 25C. FG Balto. onal Cemetery.
25C. FUNERAL DIRECTOR Burial 1-3
25A. DATE REC'D BY HEALTH DEPT. 1-31-68 ADDRESS Fr. Deura Miller Inc-6415 Belair Rd. -21206 9

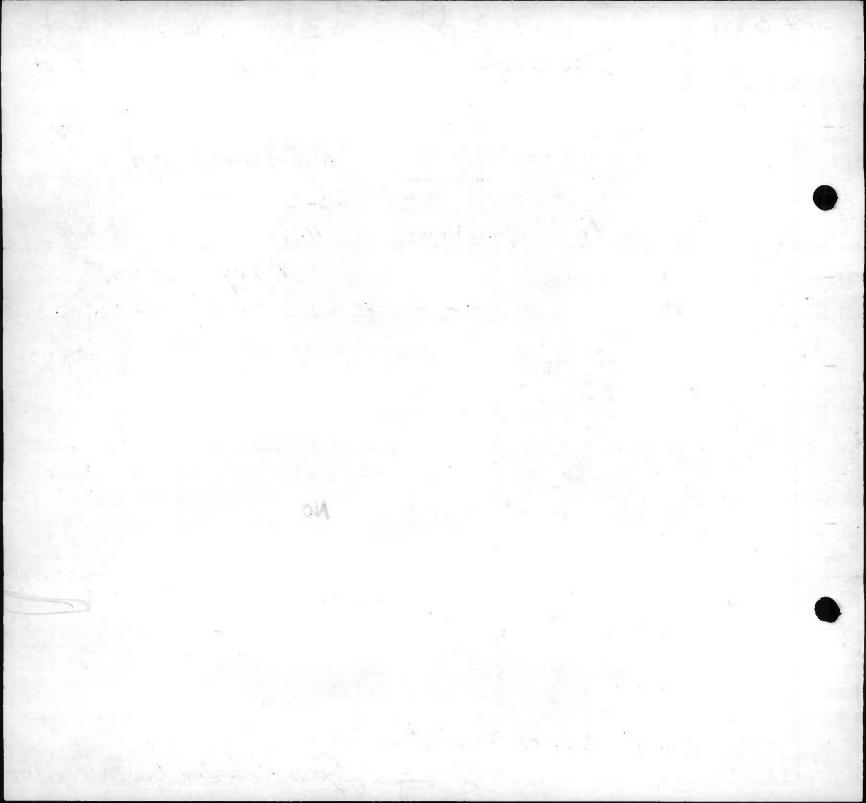


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RT	ssiss th ki	fin
FUNERAL DIRECTOR: IMPORTANT	this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such ; obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	- + vi	

FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION The Johns Hopkins Hospital The Johns Hopkins Hopkins Howait Indicate Street Clarksville Market Clark Indicate Street Indic						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION) The Johns Hopkins Hospital The Johns Hopkins Hopkins The Johns Hopkins The Johns Hopkins The Johns Hopkins The Johns Hopkins The J	68 8:15 A.M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION The Johns Hopkins Hospital The Johns Hopkins Howait The Johns Howait The	ived. If institution: residence befare admission					
The Johns Hopkins Hospital The Johns Hopkins						
The Johns Hopkins Hospital The Johns Hopkins	rd (3-10					
The Johns Hopkins Hospital Clarksville Pike	D. INSIDE CITY LIMITS?					
S. SEX	YES NO					
Male White Widoward Divorced 10/10/01 66 10A.USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10A.USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. Maryland 13. FATHER'S NAME	ears If Under 1 Yr. If Under 24 Hrs.					
Maryland	Months Days Hours Min.					
13. FATHER'S NAME Herman Zaiser 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 215-09-6817 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	12. CITIZEN OF WHAT COUNTRY?					
Herman Zaiser Second Seco	U.S.A.					
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no of unknown) (If yes, give wor of dotes of service) 16. SOCIAL SECURITY NO. 215-09-6817 Mr. Walter J. Zaiser, CAUSE OF DEATH (This does not mean the mode of dying, e.g., heoft failure, asthenia, etc. II means the disease, injury ar camplication which coused death.)	EN NAME					
(Yes, no or unknown) (If yes, give wor or dotes of service) 215-09-6817 Mr. Walter J. Zaiser, CAUSE OF DEATH (This does not mean the made of dying, e.g., heort failure, asthenia, etc. II means the disease, injury or camplication which coused death.)	9					
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury ar camplication which coused death.)						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or camplication which coused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoling the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Pectum ~ 9 montes.					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No. 20B. IF YES IN CERTIFY	S, WERE FINDINGS CONSIDERED TING CAUSES OF DEATH?					
	n Boltimore City, give exact lacotion)					
21D. TIME (Manth) (Dayl (Year) (Haur) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR While At Wark At Wark	?					
22. I certify that (I) (this haspital) attended the deceased fram						
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
23A. SIGNATURE	23B, DATE SIGNED					
23C. PHYSICIAN'S 23C. PHYSICIAN'S 23D. ADDRESS	1-31-68					
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)					
Burial 2-3-68 Loudon Park Cemetery Baltimore						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4	e, Maryland					



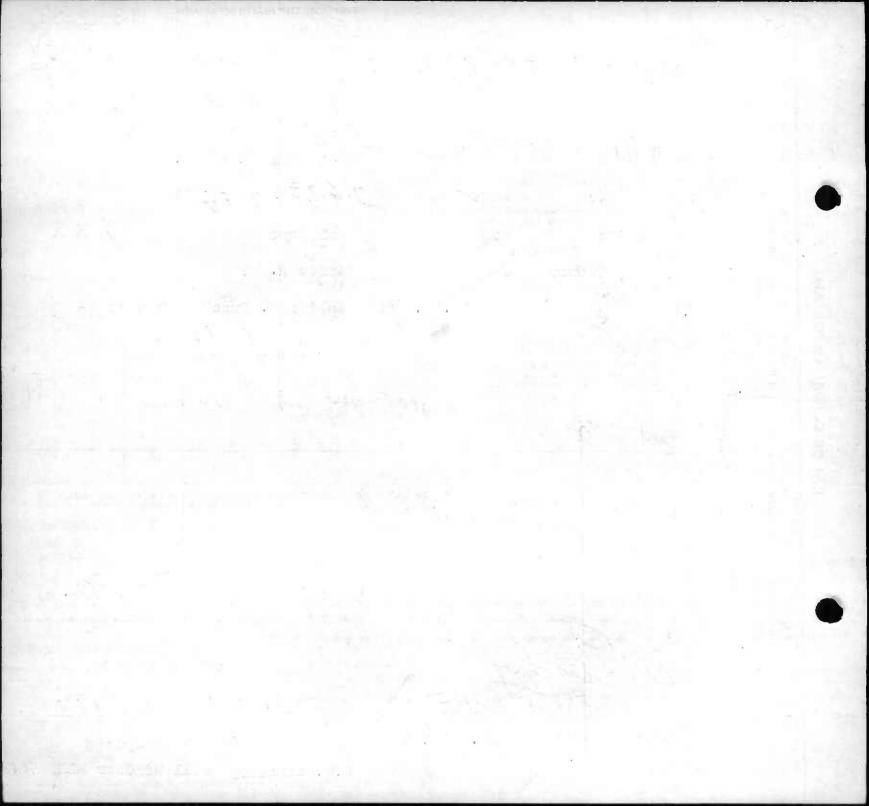
BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B

			EALTH DEPARTMENT	CR.	- 1262			
-	BIRTH NO. 68- 1262	CERTIFICATI	E OF DEATH	REG NO.	TCOC			
	1. NAME OF DECEASED BURK (Type or PANTA REARET BURK	OWSKE	2, DATE AND HO	UR OF DEATH	2. 116 m			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	. USUAL RESIDENCE (Where dece	osed lived. If institution: reside	ence before ogmission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	I, GIVE STREET	My de Ball	D. INSIDE CITY LIMIT	3-00			
1) }	PALTIMORE	Oak Ave.				
C.	SINAI HOSPITE	fE.	. STREET AND NUMBER 5807 GWYNN Oal	Ave.				
	S. SEX 6. RACE 7. MARRIED N WIDOWED B	DIVORCED B.	7.6.82 ₁₈₈₃ 9. AGI	ethday) I Under 1 Months: Doy	Yr. If Under 24 Hrs. Min.			
	10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSI	NESS OR INDUSTRY 11.	. BIRTHPLACE (Stote ar fareign cau	ntry) 12. CITIZEN	OF WHAT COUNTRY?			
	Housewife Own H	ome	Maryland	0	1. S. A			
	13. FATHER'S NAME	14.	. MOTHER'S MAIDEN NAME					
	? Tucker		Annie E. ?					
		SOCIAL 17.	INFORMANT ,	AD	DDRESS			
		3.18.6008	Julius H. Bus	sch Same as	#4			
	18.360,21	CAUSE OF DEATH	7		PPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		/ ++ + · · // »	lit ti				
	(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAUSE DUE TO, OR AS A C	ONSEQUENCE OF:	ogos u cecon				
	heart failure, asthenia, etc. II means the disease, injury or camplication which caused deoth.)	heart failure, asthenia, etc. II means the disease,						
	ANTECEDENT CAUSES (a) Pobrilles Imall Juleline							
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	CONSEQUENCE OF:	£	,			
	rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c)	***************************************					
	570.3 11							
,	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
,		H OPERATIONA	20A. AUTOPSY? (Yes ar Na) 20B.	IF YES, WERE FINDINGS CO	NSIDERED			
	19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	all Breel	IN (CERTIFYING CAUSES OF DEA	TH?			
5	U 21A. ACCIDENT WAS UNDERLYING 21B. PLAC	CE OF INJURY (e.g., in o	or obout 21C. WHERE DID	(If in Baltimare City, give ex	kact lacation)			
	DEATH (notify medical examiner)	m, raciory, ances, amore	o ologi, illi okt o o ok.					
3	Q 21D. TIME (Month) (Doy) (Year) (Haur) 21E, INJL	URY OCCURRED	21F. HOW DID INJURY O	CCUR?	2			
	(A PPROX.) While At	Not While L		TI 1 d	PA 15			
	22. I certify that (I) (this hospital) attended the de	1	19 5	IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation CUR? DID INJURY OCCUR?	19.6.0.			
2	that (1) (we) Jost saw the deceased alive an	1.30	19 <u>()</u> and that in (my) (our) opinion death o	•			
;	and hour and from the courses stated above. (1) (We	a) (did) (did nat) view	w the body after deoth.					
	23A. SIGNATURE	Attendi	ing Med. Stoff	23B, DATE S	30.60			
;	A-1 Chu Op 7	DEGREE Phys.	☐ Directar ☐ Phys.	B /	0.61			
	23C. PHYSICIAN'S NAME (Type)	236	D. ADDRESS TALA	1 1610	TOI			
7	24A. BURIAL CREMATION, 124B. DATE 124C. NAME	OF CEMETERY OF CREMA	ATORY 24D. LOCATI	ON (Site to the	ounty) (Stote)			
	REMOVAL (Specily)	Olivet		4 mass				
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	and the same of th	25C. FUNERAL DIRECTOR	Imore Maryla	and			
		Jalenna	J.T.Stansbury	6411 Windso				
	46000							

Rd



gug

a hospitol

NO.	68	- 1263 CERTIFICA				
		LOUD CRITTLA	TE OF DEA	TH REG. NO.	68- 1263	
A F OF DECE		CERTIFICA		DATE AND HOUR OF DEATH		
William Henry Campbell Hy				Jan. 27,1968	M	
ACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDEN	ICE (Where deceased lived, If in B. COUNTY	stitution; residence before admission)	
LL NAME OF SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 5664 Woodmont Ave.			Maryland		6 18 30	
			C. CITY OR TOWN		DE CITY LIMITS?	
					YES K NO	
	6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.	
le	white	WIDOWED DIVORCED	-		Trioninis Boys thous	
		10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY	
			Baltimo	ore, Maryland	USA ,	
THER'S NAM			14. MOTHER'S MA	IDEN NAME		
	Francis H	lyde		lvercrombie	<u></u>	
S. Wos Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.				ADDRESS		
			Mrs. Lill	ie J. Hyde 5664	Woodmont Ave.	
DUE TO, OR AS hearl foilure, osthemic, elc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving itse to the above cause (A) stoling like UNDERLYING CONDITION last. 3 3 2 X OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			utt (Crebral Thun	Jav5	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in			ZOA. AUTOPSTY	IN CERTIFYING CA	USES OF DEATH?	
A. ACCIDEN OR CONTRIBU EATH (notify	TING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHEI office bldg., INJURY O	RE DID (If in Boltimor	City, give exact location)	
D. TIME	(Month) (Doy) (Yeor)	(Hour) 21E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	* (a) ** ** ** ** ** ** ** ** ** ** ** ** **	
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While Work At Work						
		1 . / /	19			
nd haur ond	from the couses sto	ted obove. (1) () (did) (did=not)	view the body afte	er death.		
3A. SIGNATU	sol S	Dh.			1/29/68	
NAME (Ty)	mith	23D. ADDRESS 1267	B Belveeler	e Due	
	THER'S NAME OF ITAL OR COLUMN THER'S NAME OF ITAL OR COLUMN THER'S NAME OF ITAL OR COLUMN THER'S NAME OF ITAL OR CONTRIBUTE APPROX.) 10. TIME F INJURY APPROX.) 11. ACCIDENT R CONTRIBUTE APPROX.) 12. I CERTIFY APPROX.) 13. ACCIDENT R CONTRIBUTE APPROX.) 14. ACCIDENT R CONTRIBUTE APPROX.) 15. TIME F INJURY APPROX.) 16. A. SIGNATURE OF ITAL OR COLUMN THE ITAL OR COLUM	SUAL OCCUPATION (Give kind of work uring most of working life, even if retired) machinist THER'S NAME Francis THER'S NAME ANTECEDENT CAUSES THE GENERAL CONDITION DITENTION of the coused of the abave cause (A) in DERLYING CONDITION I of the part of the p	SOURCE CONDITION Second Second	NAME OF ITAL OR ADDRESS OR LOCATION) 5664 Woodmont Ave. 58 DATE OF BISTREET AND N 5664 Woodmont Ave. 58 DATE OF BISTREET AND N 5664 Woodmont Ave. 58 DATE OF BISTREET AND N 5664 Woodmont Ave. 58 DATE OF BISTREET AND N 5664 Woodmont Ave. 58 DATE OF BISTREET AND N 5664 Woodmont Ave. 58 DATE OF BISTREET AND N 5664 Woodmont Ave. 58 DATE OF BISTREET AND N 5664 Woodmont Ave. 68 DATE OF BISTREET AND N 5664 Woodmont Ave. 69 DATE OF BISTREET AND N 5664 Woodmont Ave. 60 OF Unknown) (If yes, give wor or doles of service) 60 OF Unknown) (If yes, give wor or doles of service) 61 DISTANCE OR CONDITION DIRECTLY LEADING TO DEATH 61 DISTANCE OR CONDITION DIRECTLY LEADING TO DEATH 62 DISTANCE OR CONDITIONS, if ony, giving se to the boave cause (A) stoling like (C). 63 JA X III 64 DISTANCE OR CONDITION I lost. 65 DISTANCE OR CONDITION I lost. 66 DISTANCE OR CONDITION I lost. 67 DISTANCE OR CONDITION I lost. 68 DISTANCE OR CONDITION I lost. 68 DISTANCE OR CONDITION I lost. 68 DISTANCE OR CONDITION I lost. 69 DISTANCE OR CONDITION I lost. 60 DISTANCE OR CONDITION I lost. 61 DISTANCE OR CONDITION I lost. 61 DISTANCE OR CONDITION I lost. 62 DISTANCE OR CONDITION I lost. 63 DISTANCE OR CONDITION I lost. 64 DISTANCE OR CONDITION I lost. 65	NAME OF INTEREST OF LOCATION OF BUSINESS OR INDUSTRY INTEREST OR CONDITION DIRECTLY LEADING TO DEATH (his does not mean the mode of dying, e.g., earl fine obove cause (A) stelling like of before to the condition of the terminal of the body of the condition of the terminal of the condition of the	

Moreland Memorial Grds.

2SC. FUNERAL DIRECTOR

23B. NAME OF REGISTRAR

1/30/68

burial

VS 1S0-REV. 1/1/6B

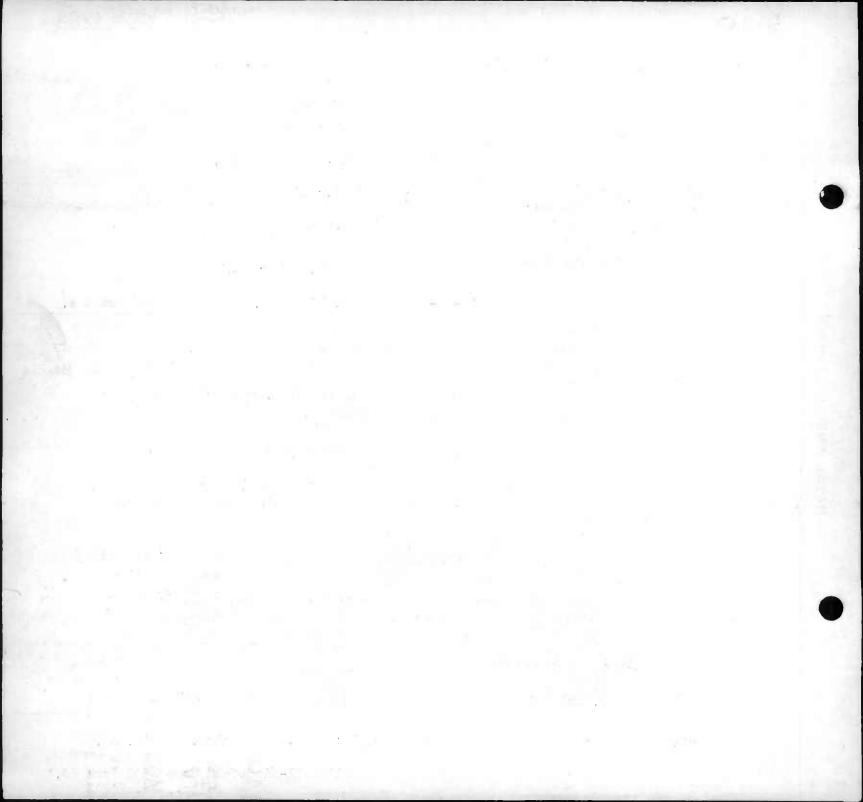
2SA. DATE REC'D BY HEALTH

Balto. County, Md.

Balto., Md.

Mitchell-Wiedefeld Home 6500 York Rd.

ADDRESS



)	68	- 1264 CERTIFICA	TE OF DEATH	REG. NO.	66-1264	
	TH NO.	2.401		D HOUR OF DEATH		
	e ar Print)					
		ITSINGER COLES	JAN	UARY 28,1968	tion; residence belage admission)	
	PLACE IN BALTIMORE, MARYLAND, W	AL OR INSTITUTION, GIVE STREET	A. STATE B. COUN	TY TY	7-14	
HC	SPITAL OR ADDRESS OR LOCA	ATION)	Maryland c. CITY OR TOWN	D. INSIDE	CITY LIMITS?	
			Deltimone	YE	S NO	
1	7 4618 Schenley	Road	E. STREET AND NUMBER			
0	0		4618 Schenley	Road		
5. \$	EX 6. RACE	7- MARRIED NEVER MARRIED		9. AGE (In years If last birthdoy) M	Under 1 Yr. If Under 24 Hrs.	
F	emale White	WIDOWED DIVORCED	April 21,1876	91	omins buys muois with	
	. USUAL OCCUPATION (Give kind of work	10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY	
don	during most of working life, even if retired)	Hama	Marriand		U.S.A.	
13.	Housewife	Home	MAryland 14. MOTHER'S MAIDEN NAM	ME	0.5.4.	
	William D. Lits	inger	Amelia C. Haw	kins		
15.	Was Deceased Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS	
(Ye	s, no or unknown) (If yes, give wor or dote		7 W 7 W 0			
_	No		Miss Leah N. C	oles Sam	APPROXIMATE INTERVAL	
	18.43691	CAUSE OF DEAT	H ()		BETWEEN ONSET AND DEATH	
	DISEASE OF CONDITION DIRECTLY					
1	LEADING TO DEATH (This does not mean the made of heart failure, asthenia, etc. It means injury ar complication which caused	the disease,	A CONSEQUENCE OF:	Of Culoy Clace	duf 10 day 5	
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if	any, giving DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the above cause (A)	stating the				
	UNDERLYING CONDITION last.	(c)				
_	33/X II					
0	OTHER SIGNIFICANT CONDITIONS CO					
ATIO	DISEASE OR CONDITION GIVEN IN PAR	RT 1 (A).				
CERTIFIC	19A. DATE OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	1) 208, IF YES, WERE FINE	S OF DEATH?	
ERT	0					
11	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, a	in or obout 21 C. WHERE DID iffice bldg., INJURY OCCUR?	(tl in Boltimore C	ity, give exoct location)	
CAL	DEATH (notily medical examiner)	etc.)				
G	21 D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
2	(APPROX.)	While At Not Whi		4.0	/	
			1657	19		
	22. I certify that (I) (this haspita	1) attended the deceased fram		19ta	<u></u> 19	
	that (1) (we) last saw the decease			at in(my) (our) apinia	n death accurred on the dot	
		yed abave (1) (We) (did) (did not)	view the body after death.			
	28A. SIGNATURE	01/0			B. DATE SIGNED	
	ON USO	Chue DEGREE Phy		Staff Phys.	1-30-68	
	23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS			

Dr. William G.

24A. BURIAL CREMATION, REMOVAL (Specify) Melfrich

Baltimore, Md.

(City, tawn, or county)

1 Strich DEGREE 5006 Roland Ave. 24D. LOCA 24D, LOCATION

> Maryland ADDRESS Baltimore.

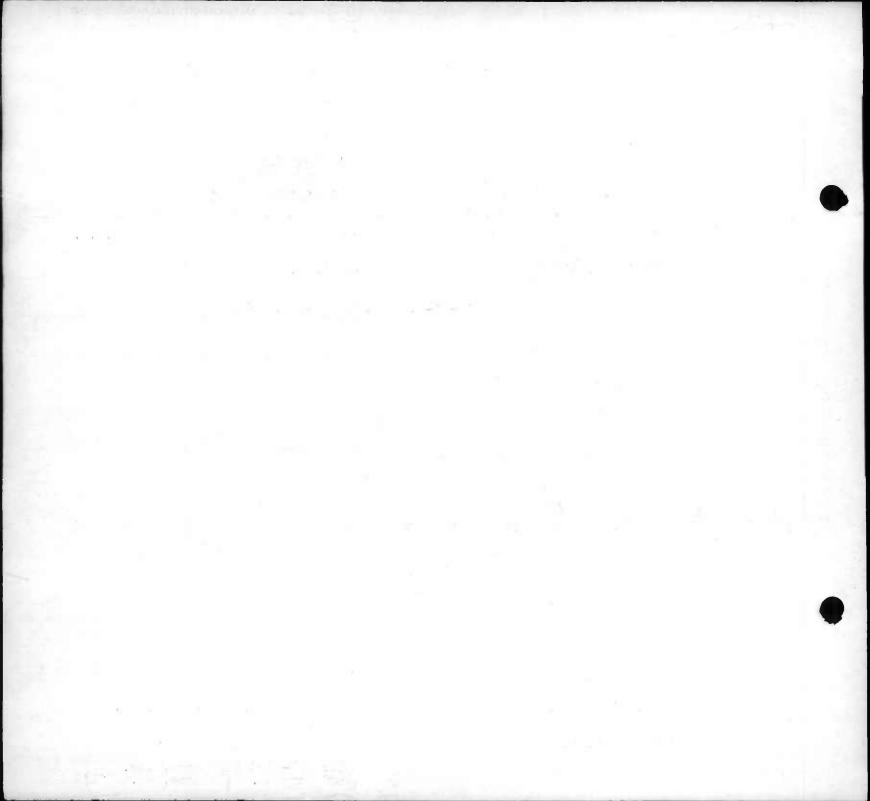
(State)

Loudon Park
258. NAME OF REGISTEAR

Roberts & Farker Burial 1-31-68
25A. DATE REC'D BY HEALTH DEPT.
FEB 1 1968 Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md.

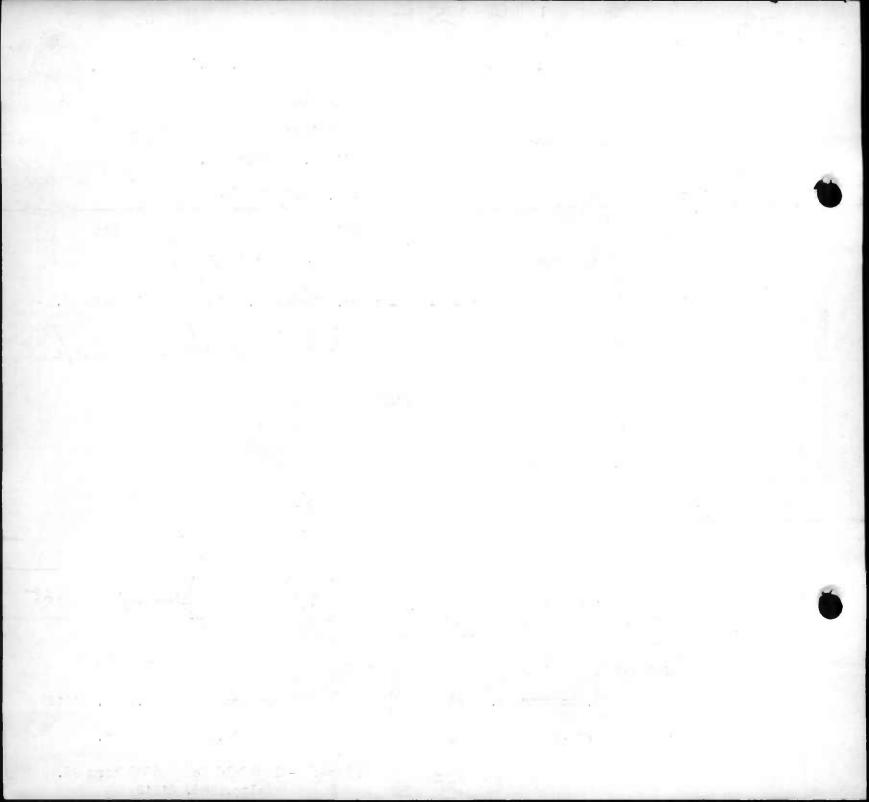
VS 150-REV. 1/1/68

was D.O.A.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

BIRTH NO.		- 1265 CERTIFICA		AND HOUR OF DEATH			
Type or Print)	Anna J	. Kluge		Jan. 29,1968	4.45 P.N		
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD		Where deceased lived. If institu	tion: residence before admission		
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland		Superior !		
NSTITUTION	ADDRESS OR LOCA	ATION)	C. CITY OR TOWN	D. INSIDE			
00 .	O	O P on on TT own in	Baltimore		s 2 NO _		
70	ong Green Nur	sing nome	115 E. Mel				
SEX	6. RACE	7. MARRIED NEVER MARRIED K	B. DATE OF BIRTH		Under 1 Yr. , If Under 24 Hrs		
female	white	WIDOWED DIVORCED	Aug. 23,188	tost birthdoy) M.	onths Days Hours Min.		
		108, KIND OF BUSINESS OR INDUSTRY			CITIZEN OF WHAT COUNTR		
	warking life, even if retired)		Germany		USA		
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN				
	Herman Klug	e	Franc	iska shimanic			
. Was Decease	d Ever in U. S. Armed Far n) (If yes, give war at date	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
no	n/(ir yes, give wor or dore	215-54-1279-J	Mrs. Stephen	G. Moran 809 1	Kingston Rd.		
18. 11. 2	191	CAUSE OF DEAT		- A	APPROXIMATE INTERVAL		
DISEA	SE OR CONDITION DI	RECTLY	0 0		HE WEEK OKSET AND DEAT		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CONDIAL HEMOTINESE / W/C						
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,						
	injury or complication which caused deoth.)						
ANTECEDENT CAUSES (B) Urserio Seferosis							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
rise to the obave couse (A) stating the UNDERLYING CONDITION last. (C)							
33/X II							
OTHER SIGNI	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	HE TERMINAL					
		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	TNo) 208, IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?		
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, faim, factory, stieet, o etc.)	n or obout 21 C. WHERE DI	D (If In Baltimore Ci	ty, give exoct locotion)		
21 D. TIME	(Month) (Day) (Year)	(Haui) 21E. INJURY OCCURRED	21F, HOW DID	INJURY OCCUR?			
OF INJURY		While At Not While	e \square				
	(APPROX.) Work At Work						
		t) attended the deceased from	21'17	19 to W.	19.0.		
) lost sow the decease	/			n deoth accurred an the da		
		ted glave. (1) (We) (did) (did not)	view the bady after dea				
23A. SIGNAT	URE // /		ending Med.		B, DATE SIGNED		
	ruce ./	DEGREE	s. Director L	Staff Phys.	1/30/68		
23C. PHYSICI NAME (lune)		23D. ADDRESS	alla Danid Danid	W4 04040		
		ence C. Post DEGREE			o., Md. 21212		
4A. BURIAL CR REMOVAL	EMATION, 248. DATE (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24		tawn, or county) (State)		
Burial	1/31/6		c loss survey	Balto.,	Md.		
	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIREC				
	FEB 1 1968	Walser E. Jakenta	Mitchell-Wi		500 York Rd,		
VS 150-REV. 1/1	/68			Balto., Md. 212	12		



was D.O.A.

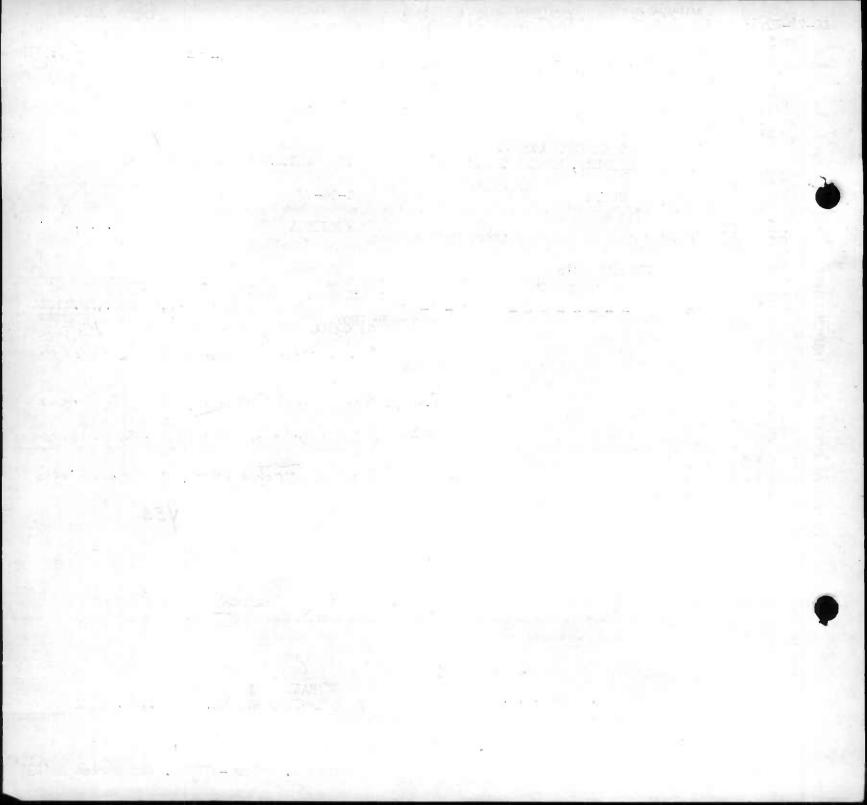
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prior to death. attendance

on the

K.	2300	68	- 1266)	HEALTH DEPARTM	250 110	68- 1266
1.NA	ME OF DECEAS	ED V K	1. + 0	JOHN KUTA	TE OF DEA	ATE AND HOUR OF DEAL	7 357:3
3. PL	ACE IN BALTIM	DRE MARYLAND,	WHERE PRONO		4. USUAL RESIDENC		institution: residence before admi
FULL	L NAME OF PITAL OR TUTION	(IF NOT IN HOSP ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN		NSIDE CITY LIMITS?
2		TIMORE CIT	_	ALS	BALT IMORE		YES NO
د	BAL	O EASTERN FIMORE, MA	RYLAND 2	1224		EANN STREET #	¥ 21231
	MALE 1	WHITE	WIDOWED		8. DATE OF SIRTH 1-18-07	9. AGE (In years last birthday)	If Under 1 Yr. If Under 2 Manths Days Haurs A
		TION (Give kind af we ing life, even if retired		F BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State	e ar fareign cauntry)	12. CITIZEN OF WHAT CO
		ing ille, even il relifed		ann Madachan	VIRGINIA		U.S.A.
13. F	Aborer ATHER'S NAME		Cemete	ry Maintenance	14. MOTHER'S MAID	EN NAME	
		4					
		ent Kuta			Theresa	-	
(Yes,	as Deceased Evena ar unknown) (If	r in U. S. Armed F yes, give war ar do	arces? tes af service)	16. SOCIAL SECURITY NO. 217-03-6572	RECORDS: BA	ALTIMORE CITY I	HOSP ITALS DRESS BALTO.,MD.2122
TION	injury or complic ANT DISEASES OR rise la lhe of UNDERLYING C 420.1 OTHER SIGNIFICA TO THE DEATH B	II NT CONDITIONS C UT NOT RELATED TO	any, giving s slating the ontributing the other than the terminal	(B) Conges DUE TO, OR AS (C) ASCV		t Failure, holic Condian	E3mo
	DISEASE OR CONI			WHICH OPERATION	YES		RE FINDINGS CONSIDERED CAUSES OF DEATH?
20	21A. A CCIDENT NOR CONTRIBUTION DEATH (natify me		21 B han etc.	B. PLACE OF fNJURY (e.g., i ne, farm, factory, street, a)	n ar about 21C. WHERE ffice bldg., INJURY OC	DID (If in Baltig	nare City, give exact lacation)
21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Wark At Wark							
	22. I certify that (1) this haspital) attended the deceased from 1960 to 1900 that (1) (we) lost saw the deceased alive an 130 1967 and that (n(my)) (aur) apinian death accurred on the d						
	ond haur and fro	om the couses st	ated obove. (1) (We) (did) (did not) v	view the body ofter	deoth.	
	23A. SIGNATURE	mR.S	hair		ending Med.	Staff A	23B, DATE SIGNED
2	NAME (THOS	IN R. SHAR	P,M.D.	GEGREE		IMORE CITY HOS	
24A.	BURIAL CREMA		24C. N	AME of CEMETERY or CRI			(City, tawn, ar county) (S
	removal (Special). DATE REC'D BY	2/2/68	St.	Stanislaus (Cemetery	Baltimore,	Maryland ADDRESS
1	FEB 1 1	368 Role	DE. 30	Weyfalk			6. Ann Street #21

Burfall 2/2/68 25A, DATE REC'D BY HEALTH DEPT. FEB 1 1968 (L) VS 150-REV. 1/1/68



	68- 1267 BALTIMORE CITY HEALTH DEPARTMENT	68- 1267
RIPT	CERTIFICATE OF DEATH REG. NO.	00- 1201
1. N.	AME OF DECEASED OF Print FICKENCE B- PARKER 1/28/68	4 P. M
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. IT in A. STATE B. COUNTY	stitution: residence before admission)
HO	L NAME OF SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSTITUTION	IDE CITY LIMITS?
0	14/3 E. FEDER P.L ST ESTREET AND NUMBER 14/3 E. FEDER	YES NO D
5. \$		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. F	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. M A R W	7 7 5
15. V (Yes	Nos Deceosed Ever in U. S. Armed Forces? In or unknown) (If yes, give wor or doles of service) Nos Deceosed Ever in U. S. Armed Forces? In or unknown) (If yes, give wor or doles of service) SECURITY NO. 17. INFORMANT GUS WILLIAMS 1403	2 E. MONUMENT
\neg	18. 4 1 2 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE VREINIA	Out. 67
	(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:	1960
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C) H.C.V. discuse	1951
	443 X OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		FINDINGS CONSIDERED USES OF DEATH?
O	21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	e City, give exoct locotion)
0	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not While At Work	
		an 28 1968
M 1		nion deoth occurred on the dot
	23A. SIGNATURE	23B, DATE SIGNED
	23C. PHYSICIAN'S	1.31.68
	Ond hold ond from the couses stoted obove. (I) (Wall Carlo) (did not) view the body ofter deoth. 23A. SIONATURE Photograph Photogr	
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY, 24D. LOCATION (C. A. A. A. C. O. U. A. A. A. C. O. U. A.	(Stote)
25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR	ADDRESS ADDRESS

V\$ 150-REV. 1/1/6B

Vacaio Cha Nephartis: 7. C. V. disemor 13168

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Rodelis W. Lim

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hospita use of ; (5) Dec	dance o death.
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h occurr contribu	regula ceased in is mac
irect or (4) Und	the de isposition
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
r. Also,	r affence
xamine () A fract	who pr regula are emb
medical edical e burns; (3	hysician n was ir remains
by a m 2) Body	physicia fore the
ed by th hospital lature; ((6) No ined bef
d to the	tal (exce th); and t be obta
released	a hospi r to dea val must
This certificate must be a the body was released to shows: (1) An accident of	was D.O.A. at a hospital deceased prior to death) written approval must b
This can	was L decea writte

	0270 00 10	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1269
	R-320 68-12	69 CERTIFICA	TE OF DEATH	REG. NO.	00" 1200
1110	BIRTH NO.			D HOUSE OF BEATH	
	Type or Print) RIDDICK WILL	IAM A.	1/:	3 1 G 8	12.15 A.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE TWhere		titution; residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND		15-09
	HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS!
11	SINAI HOSPITALOF	BALTIMORE	E. STREET AND NUMBER		YES NO NO
			2112 ChEL	SEA TER	RACE
3	S. SEX 6. RACE 7. MARRI	ED NEVER MARRIED		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	MALE COlored WIDOW		SEP1 7, 1900	67	
	IOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	GUARD MUN	cipal Museum.	BALTIMOIRE	, Md	U.S.A.
	3. FATHER'S NAME	1.	14. MOTHER'S MAIDEN NAM		6
	William Hi Kida	ick	HUNIE 1	Alum	
Ī	S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	2 = 1	ADDRESS
	NO	215-12-3636	MRS, ALL ONIA	Kiddick &	112 ChELSEN TEN
1	18. 4. 10.4	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) MMEDIATE CAL	SE CARDIAC	ARREST	
	(This does not meon the mode of dying, e heart foilure, asthenia, etc. It means the disea	· 9· DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which coused death.) ANTECEDENT CAUSES	41.1	. A.D	0.0	
	DISEASES OR CONDITIONS, il ony, giv	(B) 1770 C	ARDIAL INFALIA CONSEQUENCE OF:	KC1101V W	(7)4
	rise to the obove cause (A) stoting	the			
	UNDERLYING CONDITION lost,	(c)V.5.1V.1	RICULAR FII	D 16122 H 17C) / V
	0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG .			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL LARLE !	BOWEL PERFORA	TION PERI	70N171S
	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
	E 1 1 30 68 ILEUS			IN CERTIFIED CAL	Jaes or Death:
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
	U	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	While At Not Whil	e		
		Work At Work	1 1	- (8)	11011-10
	22. I certify that (I) (this hospital) attende	. / 2 1/	1/0/1	9 68 ta	1 / 3 / 19 68.
	that (I) (we) last sow the deceased alive of	/ /		ot in (my) (our) apir	nion death accurred on the date
	ond haur and fram the couses stated above	. (I) (We) (did) (did not)	riew the body after death.		23B, DATE SIGNED /
	PK Com	Athe	ending Med.	Staff TS	1 31 68
	23C. PHYSICIAN'S	DEGREE Phy	s. Director 1 23D. ADDRESS	Stoff Phys.	1/3///
	NAME (Type)			O SPITAL O	OFBALTIMORE
		NAME of CEMELERY OF CR			y, town, or county) (Stote)
	REMOVAL (Specify)	TEN Calleda			
	BURIAL 2/5/68 1	TEN CAPITEULA	C CEM B	ALIMERES	1 THICY LAND
	The state of the s	1 Dec MA	LED - I	= AluTTEN	MARYLAND ADDRESS 2035 W. North Aug
	FEB 1 1968 Of Centre E. J.	MANGENTINE	MEKDERI L	, /10//10/0	SUUS IN MOICH MAR
,	VS 150-REV. 1/1/6B				

TEAR OF MATHEMATICA

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FUNERAL DIRECTOR: IMPORTANT

1 NI	TH NO.		1/431	CERTIFICA	TE OF DEATH	REG. NO	68- 1270
	e or Print)			*** * 1 * * * * * * * * * * * * * * * *			1060
3. F	LACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	Worthington	4. USUAL RESIDENCE (Whe	re deceased lived. II is	1968 Mostitution: residence before admission)
FU I	L NAME OF	(IF NOT IN HOSPIT			Maryland c. CITY OR TOWN		IDE CITY LIMITS?
INS	TITUTION						YES NO
1		1005 W. Mul	herry S	treet	Baltimore E. STREET AND NUMBER	2	
		1000 # 6 11.01	Delly o	CICCO	1005 W. I	Mulberry St	reet
5. S	EX	6. RACE	7. MARRIED F	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
10	emale	Nogno	WIDOWED		June 30,1929	lost birthdoy) 38	Months Doys Hours Min.
		Negro			11. BIRTHPLACE (Stote or fore		12, CITIZEN OF WHAT COUNTRY
	during most of w	vorking life, even if retired)					
	Beaut:		Self	Employed	Nanticoke,		U.S.A.
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA		
		James V	laters		Leadella	a Carter	
5. \ (Yee	Nos Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	5600	Appress Arch Street
3	NO	, co, give wor or dole		JECORIII NO.	Mrs.Glendola A		
-	1B.Z4-10	77 .		CAUSE OF DEAT		PII.	ila, Penna.
	1/	17	DECEL V				BETWEEN ONSET AND DEATH
		E OR CONDITION DI LEADING TO DEATH	RECILY		(a. Ma MAAL	occhus	in Enden
	(This does n	of mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	SE CORONANA		70%
		asthenia, etc. It means plication which coused					
	, ,	ANTECEDENT CAUSES		h1.	01.1.1	EA 11.	n 1444 7
				(B)	OCAL di'AL	INCLAN	(2
		R CONDITIONS, if above cause (A)		DUE TO, OK AS	A CONSEQUENCE OF:		
		CONDITION last.	stelling inc	(c)			
	420.1	- 11			- <u>-</u>		
ATION		CANT CONDITIONS CO	NTRIBUTING				
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A	TO THE DEATI	H BUT NOT RELATED TO TONDITION GIVEN IN PAI					
	TO THE DEATI	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAIL OPERATION 198. CON	RT 1 (A).	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
RTIFIC	TO THE DEATI DISEASE OR CO	H BUT NOT RELATED TO	RT I (A). IDITION FOR V FORMED		No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	TO THE DEATI DISEASE OR CO 19A. DATE OF 21A. ACCIDEN	H BUT NOT RELATED TO A ONDITION GIVEN IN PAI OPERATION 19B. CON WAS PER	RT I (A). IDITION FOR V FORMED	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location)
AL CERTIFIC	TO THE DEATI DISEASE OR CO 19A. DATE OF 21A. ACCIDEN	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAIL OPERATION 198. CON	RT I (A). IDITION FOR V FORMED	PLACE OF INJURY (e.g., i	No	IN CERTIFYING CA	AUSES OF DEATH?
CAL CERTIFIC	TO THE DEATI DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME	H BUT NOT RELATED TO A ONDITION GIVEN IN PAI OPERATION 19B. CON WAS PER	RT 1 (A). IDITION FOR V FORMED 21B. hom etc.)	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	AUSES OF DEATH?
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MEDICAL CERTIFIC	TO THE DEATI DISEASE OR CO 19.A. DATE OF 21.A. ACCIDEN OR CONTRIBU DEATH (notify 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23.A. SIGNATU 23.C. PHYSICIA NAME (T)	H BUT NOT RELATED TO TO NONDITION GIVEN IN PAIR OPERATION 179B. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medical examiner (Month) (Doy) (Year) that (I) (this hospital last sow the decease of from the couses stoke the couses stoke the couses stoke the decease of the couse of the couse of the couses stoke the decease of the couse of the c	(Hour) 21E, Whi Wor ted obave. (1	PLACE OF INJURY (e.g., ic, form, foctory, street, or injury occurred to the property of the deceased from the deceased f	n or obout 21C. WHERE DID in JURY OCCUR? 21F. HOW DID IN 19 7 ond the riew the body ofter death. 23D. ADDRESS 238 N	(If in Boltimo	Inlon deoth occurred on the date 23B, DATE SIGNED 19 6 8
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MEDICAL CERTIFIC	TO THE DEATI DISEASE OR CO 19A-DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond haur and 23A. SIGNATU 23C. PHYSICIA NAME (T) BURIAL CREA REMOVAL (S BURIAL	H BUT NOT RELATED TO TO NONDITION GIVEN IN PAIN TO MASS PER THE WAS UNDERLYING TING CAUSE OF medical examiner (Month) (Doy) (Year) that (I) (this hospital last sow the decease of from the couses stoke the mass of the couses stoke the couses stoke the couses stoke the couses stoke the couse th	(Hour) 21E, Whi Wor ted obave. (1	PLACE OF INJURY (e.g., ie, form, foctory, street, of the property of the prope	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN. 19	(If in Boltimo	Inlon deoth occurred on the da 23B. DATE SIGNED 129-68 eet Sity, town, or county) (Stote)

COMPANY OCCUPATION & SOL Myser direct Prices 196 M. arrest Edward Me. and uch of death Deceased ПО hospital death. attendance contributing cause stermined cause; (5) etermined cause; 0 prior occurred disposition is made. regular deceased death 0 (4) Und SD the 3 assistant On death final attendance any pronounced 9 embalmed of fracture ular chief medical examiner examiner. who 6 9 are 4 (3) = physician remains MOS medical burns; UD the Body physici the ō fore 5 where °Z by 9

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. ATE OF DEATH DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) a. M. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD **FULL NAME OF** (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS' NO NUMBER THERAN If Under 24 Hrs. Hours Min. 9. AGE (In years If Under 1 Yr. Months: Doys MARRIED NEVER MARRIED Hours WID OWED X OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12-CITIZEN OF WHAT COUNTRY? IVALE 1 13. FATHER'S NAME EOR9 6 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMAN 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of SECURITY NO Richmo NO CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenio, etc. It means the disease, injuly at complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if ony, giving the above cause (A) stating the UNDERLYING CONDITION last 90X Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II In Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital MEDICAL DEATH (notify medical examiner) any nature; obtained 21 D. TIME 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY certificate must be approved (except While At Not While (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from ond that in (my) (our) opinion death occurred on the date pe that (1) (we) lost sow the deceased alive on. o hospital eath) the body was released ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must An accident 23 B. DATE SIGNED 23A. SIGNATURE P Attending [Med. Staff 0 Phys. Director approval 0 23C. PHYSICIAN'S NAME Type 23D. ADDRESS prior at d 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATOR DATE (Stote) deceased 0.0 REMOVAL (Specify) shows: Mas 25A. DATE 25B. NAME OF REGISTRAN 25C FUNERAL DIRECTOR VS 150-REV. 1/1/68



D-400	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1272	
NATH NO. 68	- 3979 CERTIFICA	TE OF DEATH	Registered No.	OO TARA	
N.E. CASE NO.	3.1-3 1-4	2. DATE AND	HOUR OF DEATH		
Type or Print) POWE//	William	11011111	31-68	9.20 M.	
PLACE OF DEATH IN BALTIMORE, MAI	WLAND	A. STATE B. COUNT	Υ	itution: residence before admission)	
FULL NAME OF (If not in hospital of oddress or location INSTITUTION	or institution, give street	C. CITY OR TOWN (If outsi	√ ○ . ide city limits, write RU	JRAL ond give (Swinship)	
12 SINAI H	05 01 772 1.	BALTIARON		12001	
0 3/14/11/11			orol, give location) 0/mes	AUL. 17	
MALE NEGLO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	3-16-69 10	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
OA, USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?	
FARMER	SELF Employed	Howard Co,	Ind	U.S.A	
3. FATHERS NAME		14. MOTHERS MAIDEN NAM	5		
KOBERT POU	NELL	Julia F	REllYMAN		
5. Was Deceased Ever in U. S. Armed Fore Yes, no or unknown! (If yes, give war or date:	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS	
No	212-14-7693	MRS. MARY J.	HAYES 35	02 HOLMES AVE	
18. 4.37.9	CAUSE O	F DEATH	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OF CONDITION DIR	ECTLY	re bis o-escular	a saidust	2 welles	
(This does not meen the mode of	aying, e.g., DUE 10	M GEO D- VECTURE	acamo		
heort foilure, osthenio, etc. It meons injury or complication which coused					
ANTECEDENT CAUSES	(B)			***************************************	
	SES OR CONDITIONS if any giving				
rise to the obove couse (A) UNDERLYING CONDITION tost.	sloling the (C)	rebell and of	Ja	***************************************	
_ 33/X II					
OTHER SIGNIFICANT CONDITIONS C	IED IO INE	ere deligated	wa.		
O DISEASE OR CONDITION CAUSING I	T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FI	NDINGS CONSIDERED	
WAS PERF	ORMED		IN CERTIFYING CAU	SES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)	
Q 21D. TIME (Month) (Doy) (Year)	(Hou) 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX)	While At Not While At Work	е			
22. I certify that (I) (this hospital		1-27-6819	e to	1-31- 1068	
that (I) (we) last sow the decease	1 = 3 / = /			an death occurred an the dote	
	ed above. (1) (We) (did) (did not) v				
23A. SIGNATURE		•		23B. DATE SIGNED	
7. 8ac	M.D. Atte	ending Med. S S. Director P	toff HO	1-31-68	
23C. PHYSICIAN'S NAME (Type) FRANCISCO	SAENZ M.D.	23D. ADDRESS SINIA!	Hosp	mo	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D, LO	CATION (City	, town, or county) (Stote)	
BURIAL FEB 3, 19	668 Family LOT	DA	isy M	ARYLAND	
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	HER DEAT F.	NUTTER 21	ADDRESS 035 W. Nonth Ave	
/\$ 150~REV. 1/1/65		MOLVEY LI	40.101- 00	00 111/00/01/	

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prior to death. attendance

< -532 BALTIMORE	CITY HEALTH DEPARTMENT	68 1273			
GR- 1273 CERTIFIC	CATE OF DEATH REG. NO	00 16/0			
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
(Type o'E'm') Santacrose - Saintcross		9.20 AM			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	Jan. 31, 1968 4. USUAL RESIDENCE (Where deceased lived, If it as STATE B. COUNTY	nstitution: residence before odmission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland	IDE CITY LIMITS?			
House in the Pines Bel Aire	E. STREET AND NUMBER	1E3 🔯 110 🗌			
5837 Belgir Road 21 206	232 S. Conkling Street				
5. SEX 6. RACE 7. MADDIED VI NEVED MADDIED		If Under 1 Yr. If Under 24 Hrs.			
Male White	lost birthdoy)	Months Doys Hours Min.			
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10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY?			
Bricklayer - Retired Retired	Italy	11 5 A			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.			
Pasquale Santacrose	The				
1 USQUATE SATITUCTOSE 15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	I heresa	ADDRESS			
(Yes, na ar unknawn) (If yes, give war ar dotes of service) SECURITY NO.					
Yes W.W.I National Guard 217-05-519		Conkling St.			
1B. CAUSE OF D	EATH	BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	C. time	4-5-125			
LEADING TO DEATH (This does not mean the made of dying, e.g.,		4-5days			
heart failure, asthenia, etc. 11 means the disease,	R AS A CONSEQUENCE OF:	ollina			
injury ar camplication which caused death.)	- D+ 1. wow	9			
ANTECEDENT CAUSES	Mary alleution - Cot	heter anos.			
DISEASES OR CONDITIONS, if any, giving DUE TO, O	R AS A CONSEQUENCE OF:	1 10			
rise to the abave cause (A) stating the UNDERLYING CONDITION last.	kinoma of Prostate 6	buck 6 mas.+			
177X II	· ,				
	Covonary speripheal arter	rosclevosis			
U 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE	FINDINGS CONSIDERED			
	100				
OR CONTRIBUTING CAUSE OF	e.g., in or obout 21C. WHERE DID (If in Boltimo	re City, give exact location)			
DEATH (notity medical examiner) etc.)					
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	While [
(APPROX.) Work At V	Wark L	1. 68			
22. 1 certify that (1) (this haspital) attended the deceased from 11-29-6 / 19 to 5.1 July 19 00,					
that (1) (we) last sow the deceased alive on 25	19 ond that in (my) (aur) op	inion death occurred on the date			
ond hour and from the couses stoted obove. (1) (We) (did) (did n	ot) view the body ofter death.				
23AT NGNATURE	. ,	238. DATE SIGNED			
Quantallia & M.	Attending Med. Stoff Phys.	11-el-68			
23C. PHYSIGAN'S MANE (Type)	23D. ADDRESS				
MAME (Type) D V	150 C/ Wal C+	P. 14 11100.			

1000 Hugust Di 24A. BURTAL CREMATION, 24B. REMOVAL (Specify) 24B. 24D. LOCATION

2/3/68
BY HEALTH DEPT.
1968 Holy Rosary Cemetery

Baltimore, Maryland 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/68

Joseph N. Aannino 263 S. Conkling Street

ADDRESS

Septiment & Francis Over any the treet on contesting a resident Covernous of Prestate Glad 6 was to Serve Country after plant without some August D. King In 101.0 1202 St Paul ST

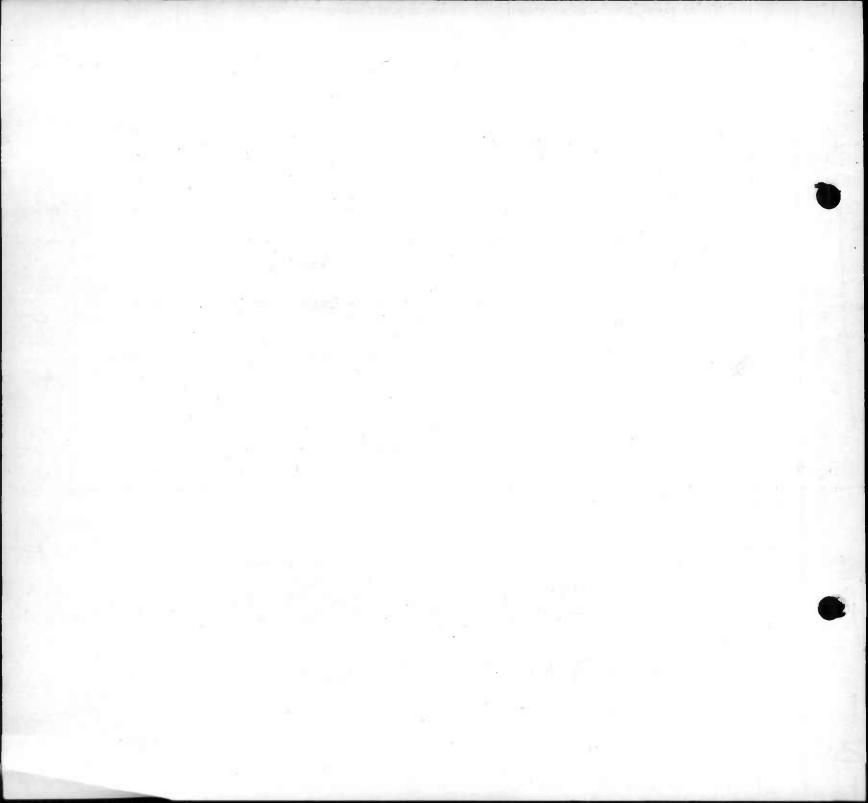
R ===[BALTIMORE CITY	HEALTH DEPARTMENT	Comman Prove
0-650 68-1	274 CERTIFICA	TE OF DEATH	G. NO. 1614
DIKITI 140:	15.8°% OEKTITO	2. DATE AND HOUR	OF DEATH
(Type or Print) FLORENCE	BROWN	1-27-68	3 11:45 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNTY	d lived. If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	MARYLAND,	2/-/()
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
73 Tue launa Hanne	lua Haasamir	BALTIMORE	YES X NO
30 THE JOHNS HOPKI	INS HOSPITAL	E. STREET AND NUMBER 833 WOODBOURNE	Box AVE
SEX 6- RACE 7- MAR	RIED NEVER MARRIED	B, DATE OF BIRTH 9. AGE (In	
E and a sell MI and a sell	WED XX DIVORCED	3-25-96 lost birthdo	Joy 1 Hours
OA. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
LEE REDD		EMMA RICHARDS	O ME
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.		
18, 41 9 / V	CAUSE OF DEAT	1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		*	BETWEEN ONSET AND DEAT
LEADING TO DEATH	ANIMMEDIATE CAL	ISEM you dol infanction A CONSPOUENCE OF:	Immediate
(This daes not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSTQUENCE OF:	
heart foilure, asthenia, etc. It means the dis injury ar complication which caused death.)	ease,		
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DISEASES OR CONDITIONS, if ony,	(B) DUE TO, OR AS	A CONSEQUENCE OF:	
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UNDERLYING CONDITION last.	(C)		
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OTHER'S IGNIFICANT CONDITIONS CONTRIBUT			
◆ I DISEASE OR CONDITION GIVEN IN PART 1 (A)		20A. AUTOPSY? (Yes ar No.) 20B. IF	YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	IN CER	THEYING PAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	9-5	If in Boltimore City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	if in bolimore only, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCC	UR?
(APPROX)	While At Not Whi		
	Work At Work		1. 2218
22. I certify that (I) (this haspital) atten			to Jan 27 1968
that (1) (we) last saw the deceased alive	on Jan 27	19 60 and that in(my) (aur) apinian death accurred an the da
and have and from the causes stated abo	ve. (1) (We) (did) (bit hat)	riew the bady after death.	
23A. SIGNATURE			23 B. DATE SIGNED
Hey MThaire W	Dla.	minding Med. Staff Phys.	1/27/68
23 C. PHYSICIAN'S	DEGREE	23D. ADDRESS	
NAME (Type)	Homas ITT	The Hombi	
24A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY OF CR	EMATORY 240. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	ALL WAME OF CEMETERS OF CR	245. EGCATION	211
burnet 1/31/68	Vicago Brotis	Chingh Fyr 1	avilla VA.
	AME OF REGISTRAR	25C. EUNERAL DIRECTOR	104 10 1 ADDRESS
BER 1 1968 P. De & S	. Farber Mil	fra mil	11/2 Wo Worth Am
VS 1S0-REV. 1/1/6B			

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This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND, HOUR OF DEATH (Type or Print) ornis 2 6 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY Mo (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR JOWN D. INSIDE CITY LIMITS' YES TH NO E. STREET AND NUMBER 3 6 8 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. tt Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours lost birthdoy) Months Doys 0 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) USA Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME COODE 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mr Frank B Norris Jr. No Same 1B. _ CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION lost. 420. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIFI 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact lacotion) DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED OF INJURY While At Not White r (APPROX.) At Work Work 22. I certify that (I) (this haspital) attended the deceased from and that in(my) (aur) oplnian death accurred an the date 6.8 that (1) (we) last saw the deceased alive an and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type deceased pr written app 24A. BURIAL CREMATION. 24B. DATE 24C, NAME of CEMETERY of CREMATORY LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore 2/1/68 Loudon Park Maryland 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25B. NAME OF BEGISTRAR 25C. FUNERAL DIRECTOR Leonard J Ruck Inc 5305 Harford Rd VS 150-REV. 1/1/6B



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iner ner.	any nature; (2) body burns; (3) A tracture of any kind; (4) Underermined cause; (3) Deceased (except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such e obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of was D.O.A. at a hospital	deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.	
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Thi	s ho	dec	

K	-5	20		BALTIMORE CITY	HEALTH DEPARTMENT		68-	- 1276
/			68 1	276 CERTIFICA	TE OF DEATH	REG. NO		7510
	H NO.	CEASED	00 1			AND HOUR OF DEATH		
	e or Print)	CLASID	KING, Elm	er Earl	2, 501	1/27/68		12:55 A M.
3. P	LACE IN B	ALTIMORE, MAR	YLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (W		nstitution: r	residence belare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR Veterans Administration Hospital		Maryland			12-05			
INS			Raven Blv		C. CITY OR TOWN Baltimore	D. INS	YES X	
L		•	Maryland		E. STREET AND NUMBER		120	
			,	.,.,.	133 E. North			
5. SI		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthday)	If Unde Months	er 1 Yr. If Under 24 Hrs. Days Hours Min.
	le	Negrio			3/17/88	79	10.517	
		ol working life, eve		D OF BUSINESS OR INDUSTRY	III. BIKIMPLACE (Stote of to	oreign country)	12. Cfil	IZEN OF WHAT COUNTRY?
	ruckdri		Ret	ired	Virginia			U.S.A.
	ATHER'S N				14. MOTHER'S MAIDEN N			
	seph h				Mary Richards		6.5	
15. V (Yes,	Vos Deceos no or unknov		war or dotes of servi		VAH, Balto.	cords Md. 21218		ADDRESS
-	.es	7/12/18	to 6/26/1	9 218-03-8693 CAUSE OF DEAT				APPROXIMATE INTERVAL
	//	ASE OF CONT	DITION DIRECTLY	CAUSE OF DEAT				BETWEEN ONSET AND DEATH
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		ANTECEDENT	T CAUSES	(B)	ASCVD			Several Years
			ONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:			
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ET.	TO THE DE	ATH BUT NOT RE	TIONS CONTRIBUTI					
FICA		OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No 20B. IF YES, WERE	FINDINGS	CONSIDERED
CERTIFICATION	0		WAS PERFORMED		No	IN CERTIFING CA	AUSES OF	DEATH:
A	OR CONTR	DENT WAS UND IBUTING CAU lify medical exam	ISE OF -	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.)	in or about 21 C. WHERE DID office bidg., INJURY OCCUR?	(If In Boltimo	ere City, giv	ve exact location)
MEDIC	21 D. TIME OF INJURY	(Month) (De	ay) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
8	(APPROX.)			While At Work Not Whi	le 🔲			
	22. I certi	fy that 🙀 (thi	s haspital) attend	ed the deceased fram	January 11,	19_68toJan	uary	28 1968
	that 💥) (w	e) last saw th	e deceased alive	January 27,	1968			oth accurred an the date
	and havr o	and fram the co	uses stated abov	e. 00 (We) (did) (2000006)	view the bady after death	n.		, ,
	23A. SIGNA	TURE	. 10 //	+110		S. 11 -	23 B. DA	TE SIGNED
	(Ni	my a	sligh	DEGREE Phy	ending Med. ys. Director	Staff Phys.	1	121/68
	23C. PHYSIC	(Type)	277000		VAH 3900 Loch	Raven Blvd.	- 6	
	DAVID			DEGREE				
24A	BURIAL C	REMATION, 248	DATE 24	C. NAME of CEMETERY OF CR	LEMATORY 24D.	LOCATION	City, town,	or county) (State)
A	Juru	26 /	-31-68	Dalto / Jale	conal com	Balto		ADDRESS
25A.	DATE REC	1 1968	Roberto E	ME OF REGISTRAR	250 FUNERAL DIRECT	andorna.	7.17/	Executor St
VS 1	50-REV. 1/				- Travel	WILLIAMO S	16	yrexcitere of

1::2 () . V2 Solves old. 14,42,12 ('m , 'un , 'n Hi Inno 1 = 1 = 1 200-0-11 Elimano de Brigaria 1851 district S A ELLO SALES The state of the s Will Jylo look navan filti. 91.1

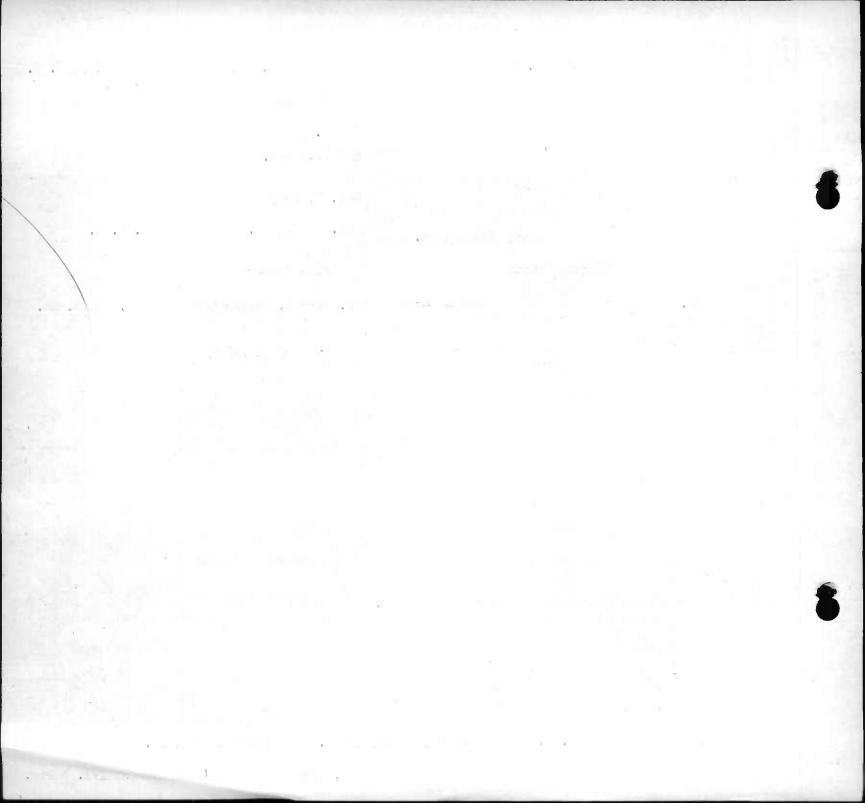
IMPORTANT

M-	20		BALTIMORE CITY	HEALTH DEPARTMENT		68- 1277
1	68	- 127	7 CERTIFICA	TE OF DEATH	REG. NO	
	DECEASED	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• 1		AND HOUR OF DEAT	Н
(Type or Prin	William	H. Morri	8	Jan.	30, 1968	4: 30 A. M. M.
3. PLACE II	BALTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If	institution; residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		Maryland c. CITY OR TOWN Balto.	D. IN	NSIDE-CHY LIMITS? YES R NO		
502 Yale Ave,			E. STREET AND NUMBER 502 Yale Ave.		113 (3)	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	White	WIDOWED		Nov. 6, 1909	58	700
	OCCUPATION (Give kind of wo		BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?
Painte			eland Co.	Mt. Carmal P	a.	U. S. A.
13. FATHER	the same of the sa	July 221	eram co.	14. MOTHER'S MAIDEN N	AME	
	Charles I	forris		Elva Wagn	er	
15. Was Dec (Yes, no or un	ceased Ever in U. S. Armed F (known) (If yes, give wor or do	orces? tes of service)	16. SOCIAL SECURITY NO. 178-01-4899	17. INFORMANT		ADDRESS Le Ave. Balto. Md.
18/_/_			CAUSE OF DEAT		OFF18 502 18	APPROXIMATE INTERVAL
heart frintury	loes not mean the made continue, asthenia, etc. It means or camplication which cause ANTECEDENT CAUSESES OR CONDITIONS, if a the abave cause (ARLYING CONDITION last.	s the disease, d death.)	(B)DUE TO, OR AS	USE CAITTIE V A A CONSEQUENCE OF:		
z 42	2. II	ONTRIBUTING				
E TO THE	DEATH BUT NOT RELATED TO	THE TERMINAL	(**************************************	\$qqqqq0		
	TE OF OPERATION 198. CO		HICH OPERATION	20A. AUTOPSY? (Yes ar	No.) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examiner)	21 B. hometc.)	e, form, foctory, street, o	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltin	nore City, give exact location)
OF INJ	URY		INJURY OCCURRED Ie At Not White At Work	21F. HOW DID I	NJURY OCCUR?	
22. 1 c	ertify that (1) (this hospit	ol) ottended th	ne deceased from	5/5	19 44 to	1/30 1968
	22. I certify that (1) (this haspital) attended the deceased from 3 19 47 to 19 6 that (1) (we) last sow the deceased alive on 19 6 that (1) (we)					
ond ho	ur and fram the couses st	oted obove. (1)) (We) (did) (did not)			
1	23A. STON TURE Attending Med. Staff Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type)					
24A. BURIA	101195 E	1 (UAC 24C.NA	DEGREE		LOCATION VAT	City, town, or county) (Stote)

Feb. 1, 1968 Lakeview Memorial Cem.

H DEPT. 25B. NAME OF REGISTRAR 25C. FUN

G. T. Burial Randallstown, Md. 2SA. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS G, Truman Schwab 3512 Frederick Ave. Balto. Md



	death occurred in a hospital and t or contributing cause of death Undetermined cause; (5) Deceased as in regular attendance on the e deceased prior to death. Such ostition is made.
IMPORTANT	or his assistant if Also, if the directed of any kind; (4) nounced death wattendance on the
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate the body was shows: (1) An was D.O.A. at deceased prio written approv

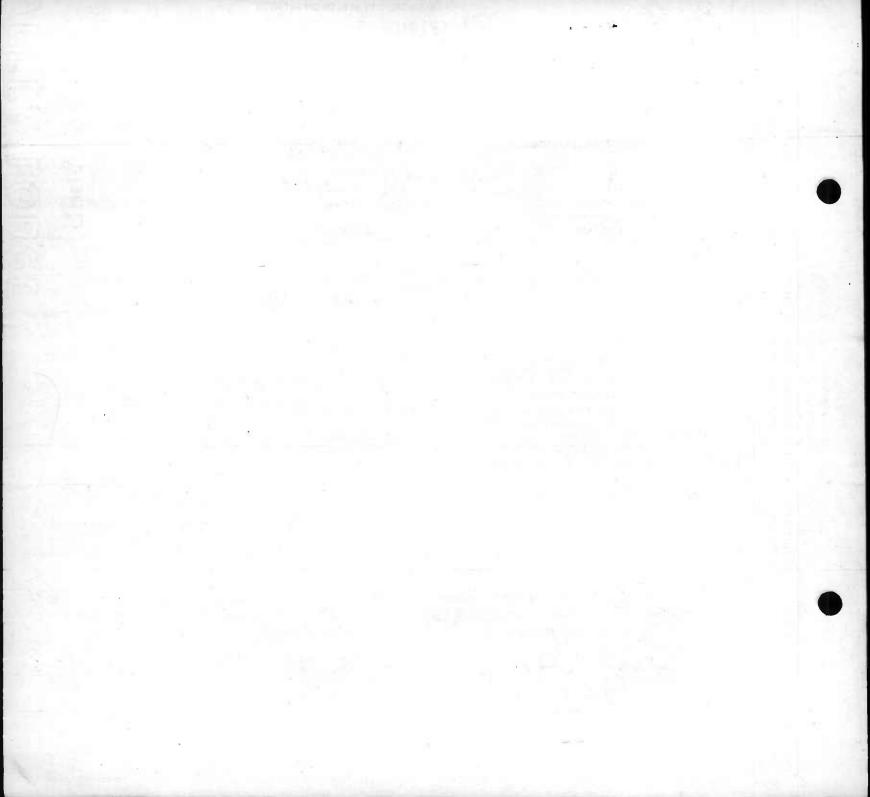
	EALTH DEPARTMENT J 68- 1278
BIRTH NO. 68- 1278 CERTIFICATI	E OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUN OF DEATH
(Type or Print) PARKS, MARGARET	1/28/68 12 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4.	. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	MARYLAND Balls. C.
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give townsh)
191101101	BALTIMORE 63-00
PARTH OUNDITE OF WORD	D. STREET ADDRESS (If rurol, give locotion) 2/ 2/1 Pa/ 7/1/00 C Belto. Co.
NORTH CHARLES GEN. HOSP.	36 24 BACTIGORE SV.
WIDOWED DIVORCED (enecify)	5-27-80 9. AGE (In years lost birthday) 87 4RS. If Under 1 Yr. If Under 24 Hrs. Months Doys Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, done during most of working life, even if retired)	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Armature Winder Balto. Transit Co.	MARYLAND U.S.A.
	MOTHER'S MAIDEN NAME
CHRISTIAN NAZAENRUS	MARIA SCAD
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17.	INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 2/3 10 98 3/	PATIENT'S CHART
11B. 4 4 3 / 1 CAUSE OF E	
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	DIO-RESPIRATORY FAILURE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	
	A TIME SCHEDET POLON
uise to the above cause (A) stoting the (C) LAY V	PATED) É METASTASIS
153.1 II	ENTED JE METHSTADIS
OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E 1/26/68 INTESTINAL OBSTRUCTION	N NO
OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office	
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(A PPROX.) While At Work At Work],
22. 1 certify that (1) (this hospital) attended the deceased from/2	2/30 1967 10 1/28 1968,
that (1) (we) last sow the deceased alive an 1/2 8	19 68 ond that in (my) (our) opinion death occurred on the date
and haur and fram the causes stated obave. (1) (We) (did) (did nat) view	
23A. SIGNATURE	23B. DATE SIGNED
How mate In Bengaon M.D. Attendi	ing Med. Staff Mys. M
23 C PHYSICIAN'S 23C	D. ADDRESS
NAME (Type) M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	ATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	ATOM COUNTY COUNTY
Burial Jan. 31, 1968 Mt. Olivet Cem.	Balto. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 1 1968 Robert E, tarkey MA	G. Truman Schwab 3512 Frederick Ave. Balto. M
VS 150-REV. 1/1/65	

ve de la cella estada esta to the measurement and a second

IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH and Undetermined cause; (5) Deceased Such of death 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) UO Benedict Petraitis a hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance cause Maruland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN 0 Baltimore prior 1421 West Lombard St E. STREET AND NUMBER contributing 421 West Lombard St occurred made. regular B. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED NEVER MARRIED last birthday deceased May 20 1891 wh WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) death disposition done during most of working life, even if retired) 0 Tailor Unilorens ithuania SD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the direct 4 3 assistant leath 0 6. SOCIAL 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces SECURITY ,NO. final (Yes, no or unknown) (If yes, give wor or dotes of service) attendance T any CAUSE OF DEATH pronounced 9 DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. Il means the disease, the chief medical examiner gular xaminer. injury or complication which caused death.) ANTECEDENT CAUSES who 9 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the 3 Ë UNDERLYING CONDITION last. physician remains medical burns; MOS 20. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the 0 WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (2) where OR CONTRIBUTING CAUSE OF to the hospital °N MEDICAL DEATH (notify medical examiner) nature; 6 (Hour) 21F. HOW DID INJURY OCCUR? obtained 21 D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED 9 OF INJURY approved (except While At Not While (APPROX.) At Work and Work any 22. I certify that (1) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on pe death) o hospital and (hour and from the causes stated above. (1) (Wed (did) (dld not) view the body ofter death. must accident 23A. NGNATURE must Attending 🔀 Med Staff was rele Director L 0 Phys. Phys. approval 0 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) prior certificate t D An Z 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased he body D.0. REMOVAL (Specify) written shows: Loudon Park Cemetery Was 25A. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR VS 150-REV. 1/1/6B

4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) D. INSIDE CITY LIMITS NO YES 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS John Petraitis 5105 (ircle Pl Balto Md 27 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (aur) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) ADDRESS Kenny Inc 1600 Hollins St

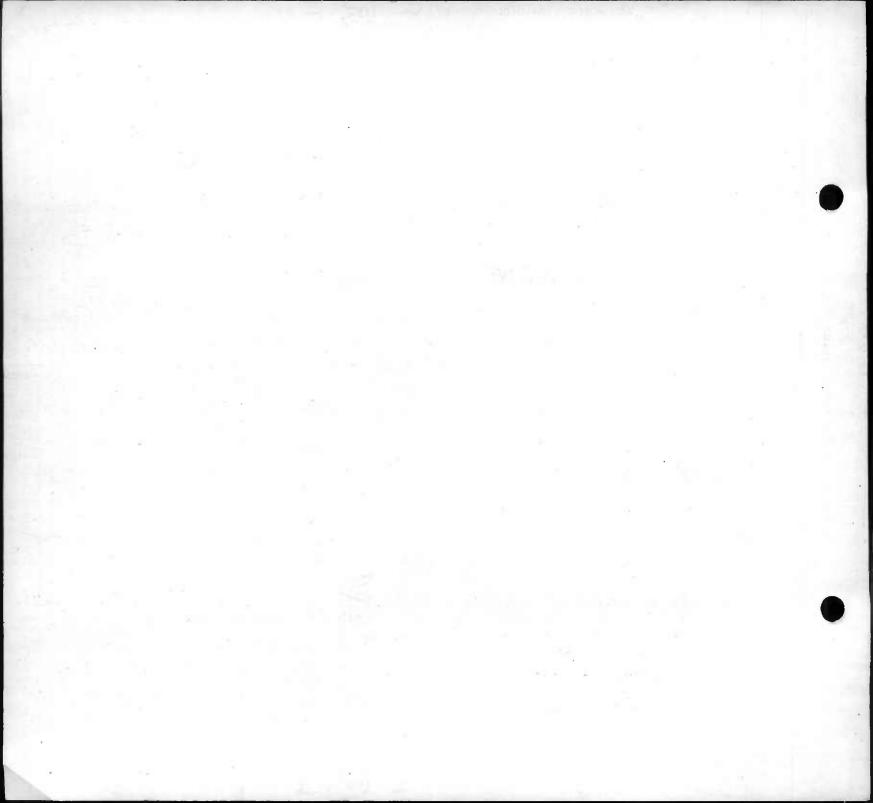


NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Greenmount Baltimore, Md. Burial 2-1-1968 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** G. Howard Strong 3207 W. North Ave., VS 151-REV. 1/1/6B

the state of the second of the

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	Y HEALTH DEPARTMENT 68- 1281				
2-520 68- 1281 CERTIFICA	ATE OF DEATH REG. NO.				
T. NAME OF DECEASED	2, DATE AND HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	NO. 28.00				
INSTITUTION CEN LACO	D. INSIDE CITY TIMITS?				
17/1/RYCAND GEN HOSP	E. STREET AND NUMBER				
	2015 CAK DR				
5. SEX 6, RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors lost birthday) 12-26-04 9. AGE (In yeors Months; Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of warking life, even if retired)	BALTO MO USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
EDWARD LANDRIEN	Emma Works				
15. Was Deceased Ever in U. S. Armed Forces: 16, SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
No 214-46-9535	- JOHN LINK (ABNE)				
18. 723,01 CAUSE OF DEA	TH APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	NEE SEPTICEMIA 12-14 KM				
(This does not mean the made of dying, e.g., (A) IMMEDIATE CA	AUSE S A CONSEQUENCE OF:				
heart failure, asthenia, etc. It means the disease,	POROSIS - FEAR TURE				
ANTECEDENT CAUSES	- PRISIANNIA 1-441				
The state of the s	S A CONSEQUENCE OF:				
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)					
_ 733X II					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING LONG TIME	IE USE OF PREDISONE				
< DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes, at No) 208. IF YES, WERE FINDINGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR?				
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.) While At Not White At Work Not White At Work	nile k				
22. I certify that this haspital) attended the deceased from	11-26 196/10 1-31 1968,				
that (I) (we) last saw the deceased alive an.	19 62 and that in(my) (our) apinion death accurred on the date				
and haur and from the causes stated above. (1) (We) (did) (did not)					
23A. SIGNATURE	23B. DATE SIGNED				
Deluj Noce All BEGREE PH	nys.				
23C. PHYSICIAN'S NAME (Type)	2903-A ANDORRA CH Botte Mo				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C					
Burial 23-68 Loudon Parl	Baltimore Md.				
FEB 1 1968 PL 258, NAME OF REGISTRAR	G. Howard Strong 3207 W. North Ave.				
VS 150-REV. 1/1/68					



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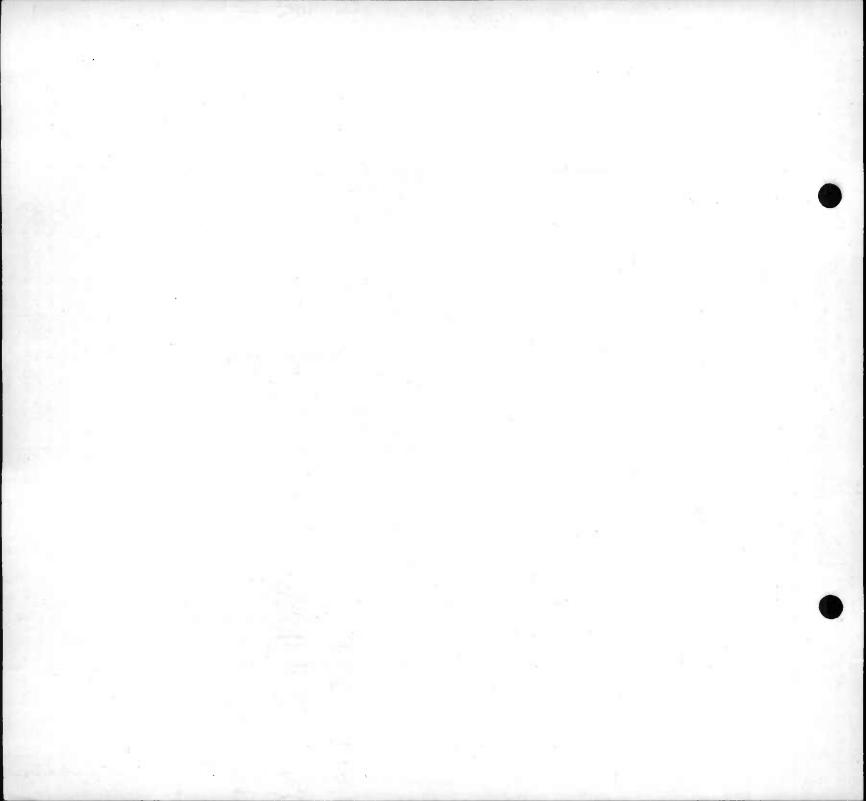
attendonce on the

1 - 7(1() CO 1000 BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRTH NO. 68- 1282 CERTIFICA	ATE OF DEATH REG. NO. 68- 1282
I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) ARTHUR N. LEGO	1/30/18/145
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admissi
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	
48 MARYLAND GENERAL	BALLIMORE YES NO
10 MARITAND GENERAL	
S. SEX 6. RACE 7. MARRIES AND MARRIES	1 B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 I
MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months; Days Hours Mir
MAJE CAUC WIDOWED DIVORCED	1/21/01 66
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	
MUSICIAN	Baltimore, Md. USA
13. FATHER'S NAME	Baltimore, Md. USA
ARTHUR Lego	ADA ARNOLD
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	
No - 215-01-587.	
18. CAUSE OF DEA	TH APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the made of dying, e.g.,	AUSE Cancer of the lung year. S A CONSEQUENCE OF. the south staris
heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury or camplication which caused death.)	in mica scass
ANTECEDENT CAUSES	
The state of the s	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	, in or about 21C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?
21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.) White At Not Wh	
22. I certify that (1) (this located) attended the deceased fram	12/31 19 67 to 1/30 19 6
that (I) (wast saw the deceased alive an 1/29	19 68 and that in(my) (apinian death accurred an the c
and haur and fram the causes stated above. (1) (Marchi)	
23A. SIGNATURE	23B, DATE SIGNED
A S M. F. I . At	
DEGREE PH	nys. Director Phys. D. 1/30/68
23C. PHISICIAN'S NAME (Type)	23D. ADDRESS
(De Pelece) DEGRE	e Ma sec. Hosp.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	
	Comphany Mandage Man 2 7 7 2 362
Burial 2/2/68 Lorraine Park 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Windsor Mill Rd, Md 25C FUNERAL DIRECTOR ADDRESS
BB 2 1968 Of Lee & Lankey Mile	(1. strate Donner of 3818 Role of Co

/68 Lorraine 258. NAME OF REGISTRAR Burial 2/2
25A. DATE REC'D BY HEALTH DEPT. emetery DIRECTOR ADDRESS

ADDRESS Park

VS 150-REV. 1/1/6B



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

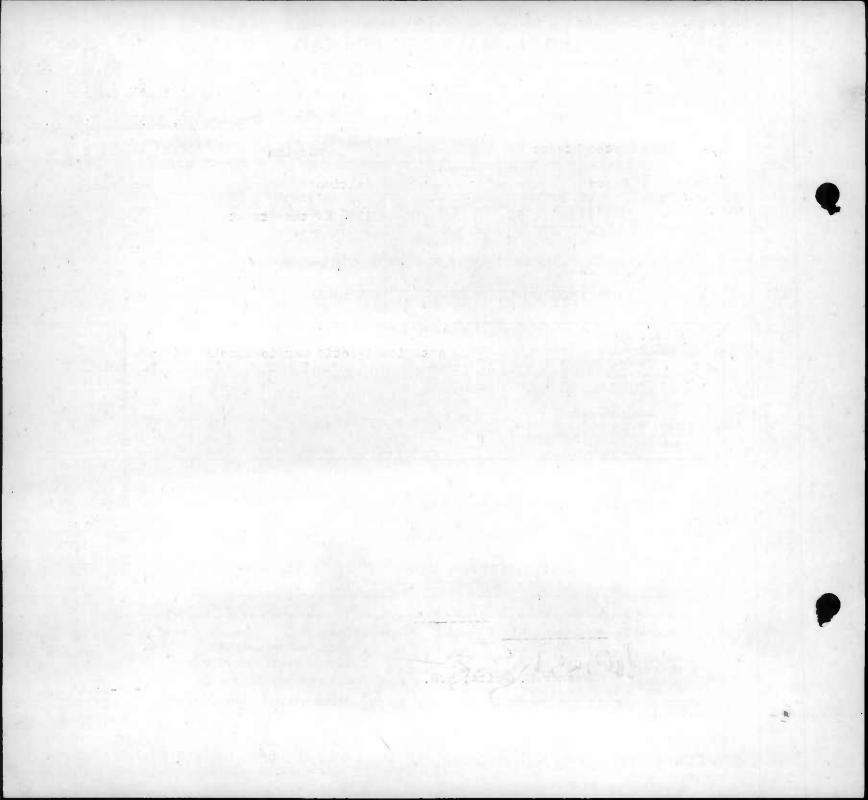
1	7 175		BALTIMORE C	ITY HEALTH DEPARTMENT		00 4900
1	3-635	68-	1283 CERTIFIC	ATE OF DEATH	REG. NO.	68- 1283
	TH NO.				AND HOUR OF DEATH	
	e or Print)		(SKY)	2. DATE	1 110	
		Cecelia Bar		1/	30/68 Where deceased lived, If in	12:20 p. M.
		TIMORE, MARYLAND, WHER		A. STATE 8. CO	YTAUC	stitution: residence befare admission)
FU	LL NAME OF	(IF NOT IN HOSPITAL O	OR INSTITUTION, GIVE STREET	Maryla		
	NOITUTIT			C. CITY OR TOWN	D. 0.451	DE CITY LIMITS?
1				Baltimore	D	YES X NO
_	Coult D	742		E. STREET AND NUMBE		
		altimore General	L Hospital	4527 Penning	ton Avenue	
5. \$	EX	6. RACE 7. 1	AARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years 79	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F	emale	White w	DOWED X DIVORCED	10/31/88	89	
10A	USUAL OCCU	JPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
		vorking life, even if retired)		POLAND		
	HOUSEWI					USA
13.	FATHER'S NAA	AE		14. MOTHER'S MAIDEN	NAME	
	John A	Kulvicki		MATH -	-	
15.		Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown)	(If yes, give wor or dotes of	service) SECURITY NO.			Some.
	No			FAMILY		,
	18.0 5	0191	CAUSE OF DE	ATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DIRECT	rt y	2		SEIWEEN ONSEI AND BEATH
		LEADING TO DEATH		Cham in	Cong, hearly	210.00
	(This does n	of meon the mode of dyi	ng, e.g., QUE TO OR	AS A CONSEQUENCE OF:	- reginaling	con c
	heort foilure,	osthenio, etc. It means the	disease,	AS A CONSEQUENCE OF.	,	
		plication which caused dea	in.)	12 0 00		
	A	ANTECEDENT CAUSES	(8) Dea	beles melle	lus	
	DISEASES O	R CONDITIONS, if ony,	giving DUE TO, OR	AS A CONSEQUENCE OF:	***************************************	,
		obove cause (A) sta	ling the	WIN PAR	ho Preumo	
	UNDERLYING	CONDITION lost.	(c)	phy prono	my new w	vica
_	260 X	II			_	
ō		ICANT CONDITIONS CONTR				
CERTIFICATION		H BUT NOT RELATED TO THE TI ONDITION GIVEN IN PART 1		••••••		
S C			ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
RTI	7	WAS PERFORE	ALD.	No	IN CERTIFING CA	USES OF DEATH!
CE		T WAS UNDERLYING	21B. PLACE OF INJURY (e.	g., in or obout 21 C. WHERE DI	D (If in Baltimor	e City, give exact location)
AL	DEATH (notify	medical examiner	home, form, toctory, street,	office bldg., INJURY OCCUP	(?	
U						
EDI	OF INJURY	(Month) (Doy) (Year) (H	out 21E. INJURY OCCURRED	21 F. HOW OID	INJURY OCCUR?	
Ş	(APPROX.)		While At Work At Wo			
					1	/20/68
	22. I certify	that QC) (this hospital) at	tended the deceased fram			30/68
	that (4) (we)	lost sow the deceased o	ive on 1/30/68	19and	that in (150%) (our) opi	nian death occurred on the date
	ond hour and	from the couses stated	abave. (1) (We) (did) (did nat) view the body ofter dea	th.	
	23A. SIGNATE			,		23B. DATE SIGNED
	1	1 1 1/1	Grand M.D.	Attending Med.	Staff (T)	1/30/68
		Mugdel 111	WOOD, MIDEGREE	Phys. Director L	Staff Phys.	1/30/00
	PHYSICIA NAME (T)	MS DONACO N	Wood M.D.	23D. ADDRESS		
		21/1/1/11/11	Manck M.L	S.B.G.H 12	213 Light Stre	et.
24/	BURIAL CREA	MATION, 24B. DATE	24C. NAME OF CEMETERY OF			ty, town, or county) (Stote)
	REMOVAL (S	ipecify)			0	5
- 1	Buriel	2-3-68	Holy Cross	Com	Balto 2122	
	. DATE REC'D		NAME OF REGISTRAR	25C. FUNERAL DIREC	TOR	4200 Pennesse he
	BER 2	1968 R. D. b	E, tarbey MA	John N. Hal	- Fred When	a + 2126 Ad
VS	150-REV. 1/1/6		_,	00.32	VALLE CO	water aller, not

Or you have been been a Tiller Walle ASAND, remains parameter of

L-200	68- 1284 BALTIMORE CITY MEDICAL EXAMINER'S				F DEATH	REG. NO	68-	128	34
1. NAME OF DECEASE (Type or Print) LEWIS	HARVEY	2	. DATE OF DEATH	Known 🗆	Month January	Doy 19,	Yeor 1968	Hour 3:30	Р.
4. PLACE IN BALTIMO FULL NAME OF	RE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3	DATE	NCED DEAD	Month January	Doy 19,	Yeor 1968	3:30	Р.

I. NAME OF DEC (Type or Print) LEWIS	CEASED	HARVEY		2. DATE OF	Known Estimated	Month Manuary	7 19.	Yeor 1968	Hour 3 . 30	P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE	Estimored	Month	Doy	Yeor	Hour	<u> • M.</u>
FULL NAME OF			ION, GIVE STREET		UNCED DEAD					n
HOSPITAL OR INSTITUTION	ADDRESS OR LOC			C HICHAL B	SCIDENICE AV	January	,	1968		P. M.
Y				A. STATE	EZIDENCE (M	ere deceased live B	COVINION	: residence	before odmi	ssion)
	Caroline Str	eet			ryland		- 1	and the state of		
6. SEX	7. RACE	8. MARRIED	☐ NEVER MARRIED ☐	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	1	
Male	Negro	WIDOWED	DIVORCED	Ba:	ltimore		YE	s X	NO 🗌	
9. DATE OF BIRT	TH 10.AGE (In years If L	Inder 1 Yr. If Under 24 Hrs. oths: Doys: Hours: Min.	E. STREET	AND NUMBER					
	5.	5				oline St	eet			
11. BIRTHPLACE	State or foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME					
	JPATION (Give kind of wor working lile, even il retired		BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	IAME		-		
one doring most of	working me, even intented									
6. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFOR	TANT		AI	DDRESS		
les, no or unknown	(If yes, give war or date	s of service)	SECURITY NO.							
19.4	2 9		CAUSE OF DEA	TH					APPROXIMATE 18	
// / 6	7//							BET	WEEN ONSET A	AND DEATH
DISEAS	SE OR CONDITION DIR LEADING TO DEATH	ECTLY	Arterio	sclero	cic Card	iovascula	r Dise	ase		
(This does n	not mean the made of d	lvina e a	(A)IMMEDIATE	CAUSE	UENCE OF					
heart failure	e, asthenia, etc. It means the mplication which caused d	ne diseose,	DUE TO, OK	AS A CONSEC	TUENCE OF:					
injury or con	mpirconon which coosed d	eom.)								
A	NTECEDENT CAUSES		(8)							
DISEASES	OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDERLYI	IE ABOVE CAUSE (A) ST. NG CONDITION LAST.	AIING INE	(c)							
OTHER SIGN TO THE DE DISE ASE OF			(0)							
✓ Jal.	II NIFICANT CONDITIONS (CONTRIBUTING	3							
TO THE DE	ATH BUT NOT RELATED T	O THE TERMINA	Ĺ							
DISEASE OF	R CONDITION GIVEN IN		WHICH OPERATION W	AC DEDECIDA	ED			21 ALIT	OPSY? (Yes	or No
D ZOA. DATE O	OFERATION 200. CC	NOTITION FOR	WHICH OPERATION W	AS PERFORM	IED			ZI. AUI	OPST! (1es	01 110)
1									No.	
✓ 22À. EXTER	RNAL CAUSE WAS	22B.	PLACE OF INJURY (e.g., e, form, loctory, street, office	in or obout :	22C. WHERE DI NJURY OCCUR	D (II in Boltimore	City, give exo	ct locotion)		
	AUSE OF DEATH.		, , , , , , , , , , , , , , , , , , , ,							
≥ 22D. TIME		or) (Hour)	22E.INJURY OCCURRED	1	2F. HOW DID	INJURY OCCU	??			
(APPROX.)		m.		WHILE VORK						
23.		11.1	WORK AIV	YORK L						
l cer	tify that I held an	Inquiry 🗌	Inspection X Au	topsy 🗌	and that a	this basis, d	eath in my	opinion		
resul	Ited from: Natural ca	uses X	Accident Suicie	de П н	omicide 🗌	Undetermin	ed manner			
16301	Training Co	1	231611		CHIEF MEDICA	1				
ACTUAL	1110000	10	-			AL EXAMINER	$\sqrt{2}$		DATE SIG	NED
SIGNAT	TURELLUSTING	1.11	M.E	•					1/20/	68
NAME (VER'S Werner II	. Spitz,	M.D.	CTC 41	CIATE MEDICA			815	1/20/	
24A. BURIAL CRE	MATION. 248. DATE	0 2	4C. NAME of CEMETER	OF CREMATO	ROAR	D. LOCATION	Civ. tovi	or count	y) (Sto	ote)
REMOVAL (Spec	ily) / 2	5-68	TOTAL	NIC THO	Dallan		No.			
	1-2	0	JUH	72 HO	PKINS	MEDIC	1 SC	HOOL		
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C.	FUNERAL DIRE	CTOR	anna A	DORESS	-da	
GEO O	1968 02.0.	1-0 7	a les Mis		HUSPI	IAL UL	ACUTA	الل		
MEB 2	(31110) (111-17-									

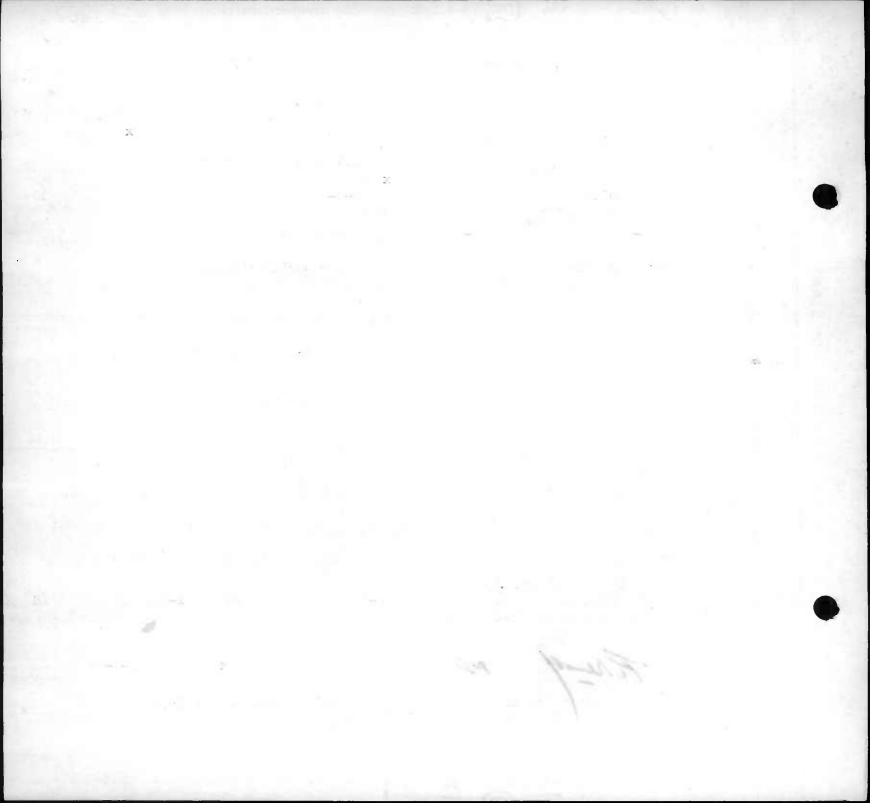
,	AAD	DICAL E	VALAINIED'S	CEDTIFICATE OF DEATH	285
BIRTH NO.	///	DICAL E	VAMILLEY 2	CERTIFICATE OF DEATH REG. NO. 68-1	
NAME OF DEC	EASED			2. DATE Known Manth Day Year Hour	
Type or Print)	CHARD		REDDICK	05	45 A. M
	TIMORE, MARYLAND	. WHERE PRON		3. DATE Month Doy Yeor Hour	
ULL NAME OF		PITAL OR INSTITUT		PRONOLINCED DEAD	45 A. M
OR INSTITUTION	ADDRESS OR EC	DCA 11014)		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before	
6 1240	Edythe Str	reet		A. STATE Maryland B. COUNTY	/
SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	-
Male	Negro	WIDOWED		Baltimore YES X NO	
DATE OF BIRT	H 10.AGE		nder 1 Yr. If Under 24 Hrs. ths Days Hours Min.	E. STREET AND NUMBER 1240 Edythe Street	
1. BIRTHPLACE (S	State or foreign countr	y) 12.	CITIZEN OF	13. FATHER'S NAME	
			WHAT COUNTRY?		
	PATION (Give kind of warking life, even if retire		BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
6. WAS DECEAS Yes, na or unknawn	ED EVER IN U.S. AR!	MED FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
119 / / / 2	13		CAUSE OF DEA	APPROXIM.	ATE INTERVAL
4/2	,71			BETWEEN ON	ISET AND DEAT
	E OR CONDITION D		Arterio	sclerotic Cardiovascular Disease	
	LEADING TO DEATH at meen the made of		(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:	
heart failure	, asthenio, etc. It means	s the disease,	DUE 10, OK	AS A CONSEQUENCE OF:	
injury or car	irpinculian winch cuuseu	dediii.)			
Al	NTECEDENT CAUSES		(B)		
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:	
I UNDERLYIN	NG CONDITION LAS	ST.	(c)		
			(0)		
STHER SIGN	II DIFICANT CONDITIONS	CONTRIBUTING	;		
TO THE DE	ATH BUT NOT RELATED CONDITION GIVEN I				
			WHICH OPERATION W	AS PERFORMED 21. AUTOPSY?	Yes or No)
5				No	
22A. EXTER	NAL CAUSE WAS	22B.	PLACE OF INJURY(e.g.	, in or obout 22C. WHERE DID (If in Baltimare City, give exact location)	
	OR CONTRIB-	ham	e, form, factory, street, affi	ce bldg., etc.) INJURY OCCUR?	
≥ 22D. TIME		Year) (Haur)	ZZE.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)				T WHILE	
23.			WORK L	WORK L	
I cert	ify that I held on	Inquiry 🔲	Inspection X A	utopsy and that an this basis, death in my opinion	
	ted from: Natural			de Homicide Undetermined monner	
10301	1			CHIEF MEDICAL EXAMINER	
ACTUAL	11100-10	1 5	D	ASSISTANT MEDICAL EXAMINER X	SIGNED
SIGNAT	1.7 o 30 m	DE II CO	M.D. M.	D	
EXAMIN NAME (1		ier U. Sp	ttz, M.D.	ASSOCIATE MEDICAL EXAMINER 1-26-68	
NAME (1		E Not	C. NAME & CEMETER	FIRST KARAGES SEC. ALAUNIANIA	(Stote)
REMOVAL (Speci		1-65	TOUNG	HODVING MEDICAL COMME	(31010)
			JUNNS	HUPKINS MEDICAL SCHOOL	
	BY HEALTH DEPT.		OF REGISTRAR	25C. EUNERAL DIRECTOR ADDRESS	
CED 9	1000 A A	R. C. F	D. M.A.	DUDITIAL DISPUSAL	



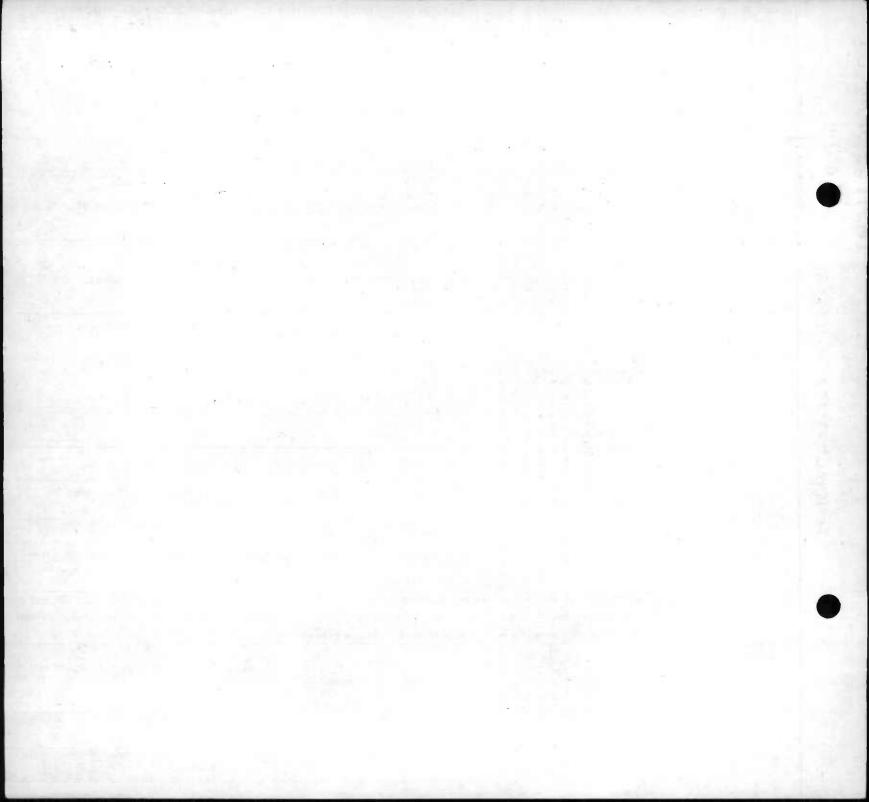
1 7 2 1 The state of the s

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	1125			BALTIMORE C	ITY HEALTH	DEPARTMENT		68- 1287.			
BIRTH NO	68-00253	68-	1287	CERTIFIC	ATE C	F DEATH	REG. NO	00 1201.			
1. NAME (Type or P	DE CEASED		ov Girl				AND HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					Mar	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS					
INSTITUTION						Baltimore YES NO					
44	The Union	Memoria	al Hosp	ıtaı		ET AND NUMBER Wyman Par	k Drive				
5. SEX	6. RACE	7.	MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
Fema	le White		WIDOWED _	DIVORCED [=	-68	lost birthdoy)	23 17			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)						11. BIRTHPLACE (Stote or foreign country) Maryland					
13. FATHE	R'S NAME					14. MOTHER'S MAIDEN NAME					
Leon	ard Alexand	er			M	arguerite	Wilkins				
15. Wos D (Yes, no or o	eceosed Ever in U.S. Inknown) (If yes, give	Armed Forces wor or dotes o	of service)	6. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS			
18.	76.1 I	DITION DIREC	CTLY	CAUSE OF DE	ATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING T	O DEATH		(A) IMMEDIATE	CAUSE H	yaline Mem	brane diseas	se			
heart	daes not mean the failure, asthenia, etc ar camplication wh	c. It means the	e disease,	DUE TO, OR	A5 A CONSE	QUENCE OF:					
	ANTECEDEN	T CAUSES			E	rematurity	,				
DISEA	SES OR CONDIT	IONS, if any	y, giving	(B)	AS A CONS	rematurity					
	Ia the abave of		ating the	(c)							
7	73.5 II			(),							
OTHEI TO TH	SIGNIFICANT COND	HTIONS CONTE	TERMINAL				,				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							FINDINGS CONSIDERED USES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?								re City, give exoct locotion)			
DEAT	(notify medical exam	niner)	etc.}	ionn, lociory, sheet	, onice blug.	MAJORI OCCOR.					
21 D. T		oy) (Year) (NJURY OCCURRED		21F. HOW DID IN	NURY OCCUR?				
≥ (APPR	ox.) 1 4	68 2 ₁	Domo While Work	At W	While ark						
22. 1	certify that (1) (thi	is hospital) o	ottended the	deceosed from	1-3		1968 to 1-4	19.68			
thot (l) (we) lost saw th	ne deceosed	olive on	1-4	19	68 ond	that in (my) (our) opi	nion death occurred on the dote			
	our and from the c	ouses stoted	obave. (1)	(We) (did) (did no	t) view the	bady ofter deoth					
18. II							B. DATE SIGNED				
020 8	10/0	- l	14		Phys	Director L	Staff Phys.	1-4-68			
23C.P	AME (Type)	hum Euro	nak		23 D. ADE						
244 01181		hym Fren		AE of CEMETERY OF	REED TO		orial Hospita				
REM	AL CREMATION, 24 DVAL (Specify)	1-26-6	-	10HNC	GREMATOR!	VINC VI	PIGNARYLA	(Stote)			
25A. DAT	B 2 1968	Palse B	B. NAME OF		25C.	HOSPITA	L DISPOSA	ADDRESS			
V\$ 150-RE	V. 1/1/68				-						

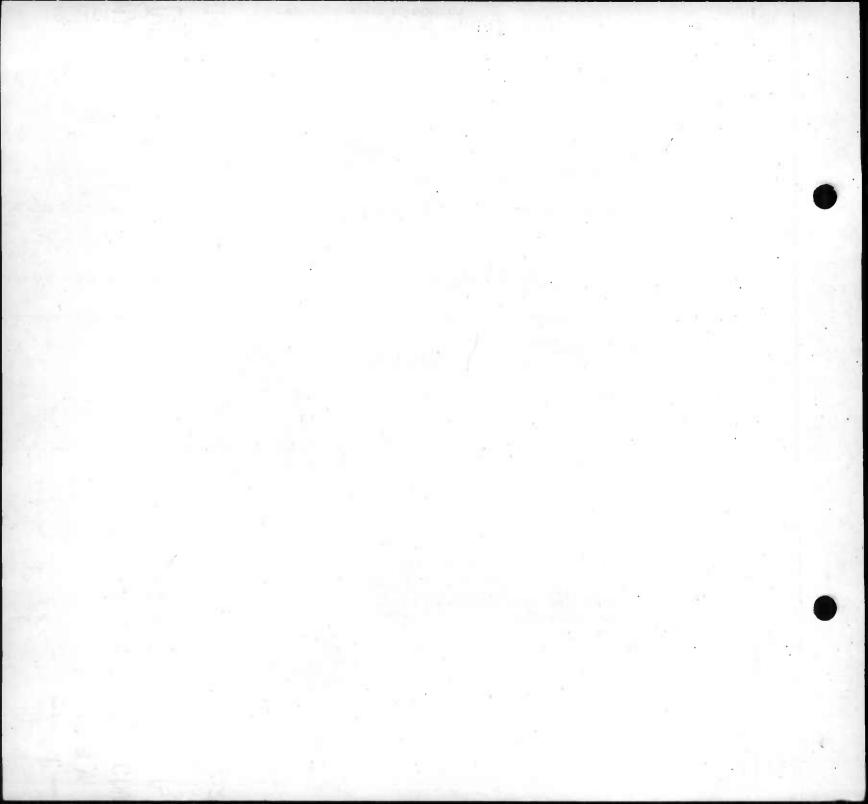


BALTIMORE CITY HEALTH DEPARTMENT 68- 1288 CERTIFICATE OF DEATH REG. NO. (5) Deceased death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Albert Sprinkle Jan. 23, 1968 0 hospital death. 4. USUAL RESIDENCE (Where deceased lived. Il institution; pesidence before admission) of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance B. COUNTY cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR D. INSIDE CITY LIMITS? cause; Century Home YES NO prior 102 No. Paca St. E. STREET AND NUMBER contributing (4) Undetermined made. regular 5. SEX 6. RACE If Under 24 Hrs. B. DATE OF BIRTH 9. AGE (In yeors Il Under 1 Yr. 7. MARRIED NEVER MARRIED deceased Months: Doys Hours WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1], BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even il retired) MOS 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME death kind; 1 6. SOCIAL 15. Was Deceased Ever in U. S. Armed Forces' 17. INFORM ANT ADDRESS (Yes, no or unknown) (Il yes, give wor or dotes of service) final SECURITY NO. 2 18 8427A attendance duy CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF gular bal hearl failure, asthenio, etc. It meons the disease, injury or complication which caused death,1 em ANTECEDENT CAUSES who 9 are DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF the above couse (A) 3 2 physician UNDERLYING CONDITION lost. before the remains Mas medical 422. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED the O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? (5) 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF MEDICAL hospital ŝ DEATH (notily medical examiner) etc.) any nature; obtained 21 D. TIME OF INJURY (Hour) (Month) (Doy) (Yeor) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While (except While At (APPROX.) pup Work At Work to the 22. I certify that (I) (this hospital) attended the deceased from that (i) (we) lost saw the deceased olive on and that in (my) (and) opinion death occurred on the date be of death) hospital and hour and from the causes stated above. (1) (We) (see) (did nat) view the body after death. must accident 23A. SIGNATURE 23B, DATE SIGNED Attending Med. 0 Director Phys. approval ō 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior certificate ţ 4 24A. BURIAL CREMATION, 24B. DATE deceased 0.0 the body REMOVAL (Specily) shows: HODKINS MI M as 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/68



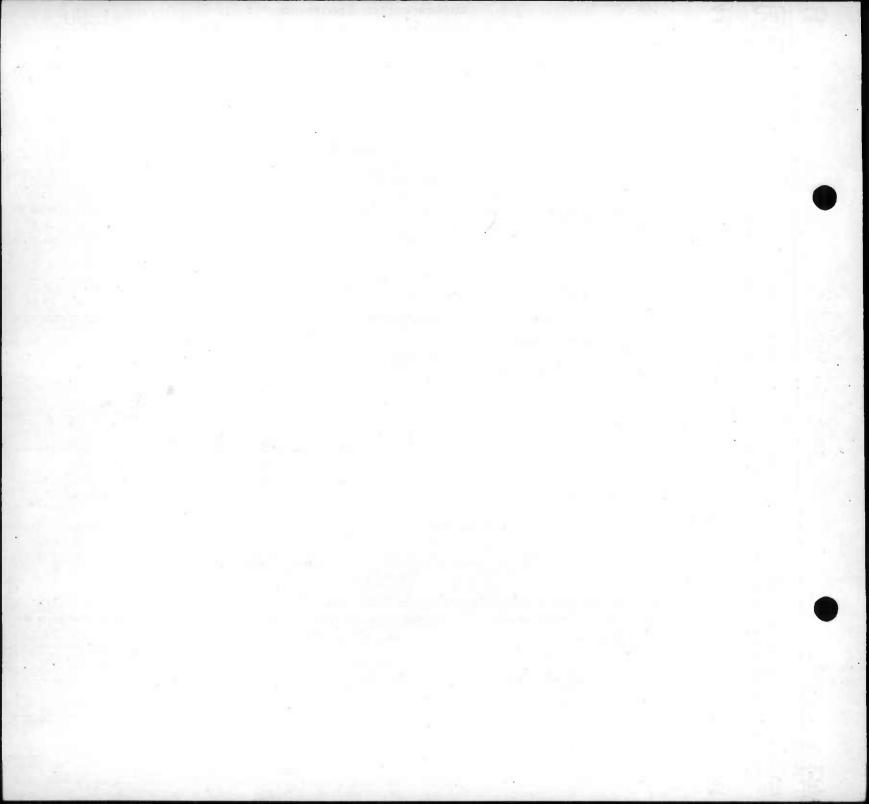
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	T = 16		HEALTH DEPARTMENT	68- 1289 4
PIE	TH NO. 68-00965 68-1	289 CERTIFICA	TE OF DEATH REG. NO	
1.1	NAME OF DECEASED		2. DATE AND HOUR OF DEAT	н
		JENNIFER	1-20-68	10:50 AM.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUNTY A. STATE B. COUNTY	institution: residence before admission)
H	DISPITAL OR ADDRESS OR LOCATION)	SITTO HOIN, GIVE STREET		ISIDE CITY LIMITS?
1/	LUTHERAM HOSPITAL OF	70	BRITTORE	YES NO
14	COTACKED CONTING		2944 WINCHESTER	87.
5.	SEX 6. RACE 7. MARR WIDOV	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 1:19268 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	a defining most of victoring me, even in terms of		MD.	080
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	JOHN E. JENNIFE	R	MARTHA MORTON	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	17. INFORMANT ENAR?	ADDRESS
\parallel	18. 7 36.21	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		Churcha	
	LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAL	ISE My) + of the preur	nau
	heort foilure, osthenio, etc. It means the dise		A CONSEQUENCE OF.	
	ANTECEDENT CAUSES	Core	bral Gnrag	
	DISEASES OR CONDITIONS, if ony, give	ring (B) DUE TO, OR AS	A CONSEQUENCE OF:	
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (C) 1/2	10779 toy Lepasic	y.
	762.0	(0)		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		ital Heart Discord	
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A	T. CHARLAGE CONCIDENCE
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID (If In Baltin ffice bldg., INJURY OCCUR?	nore City, give exact location)
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.)	White At D Not While Work At Work		
	22. I certify that (1) (this hospital) attend		1-19- 1968 to	1-20 1968.
	that (I) (we) lost sow the deceased alive	on 1 - 20 -	19.6.8ond that in(my) (our) c	pinion deoth occurred on the dote
	and hour and from the causes stated abov	e. (I) (We) (did) (d id-not) v	riew the body ofter death.	
	23A. SIGNATURE			23 B. DATE SIGNED
	1. 10:2	OEGREE Phy		1-20-68
	23C. PHYSICIAM'S NAME (Type) S. AZIZ	A S. J. A PROPERTY	730 ASHBURTON St.	BALTO. 41021216
24	A. BURIAL CREMATION, 24B. DATE 1-25-65 24	C. NAME OF CEMETERY OF CR	MATORUAND 20 TO PATIANTY LA	City, Jown, or county) (Stote)
25	A. DATE REC'D BY HEALTH DEPT. 25B. NA/	ME OF REGISTRAR	SITY MEDICAL SCHOOL 25C. FUNERAL DIRECTOR DISPOS	ADDRESS
VS	150-REV. 1/1/68	Farley MA		



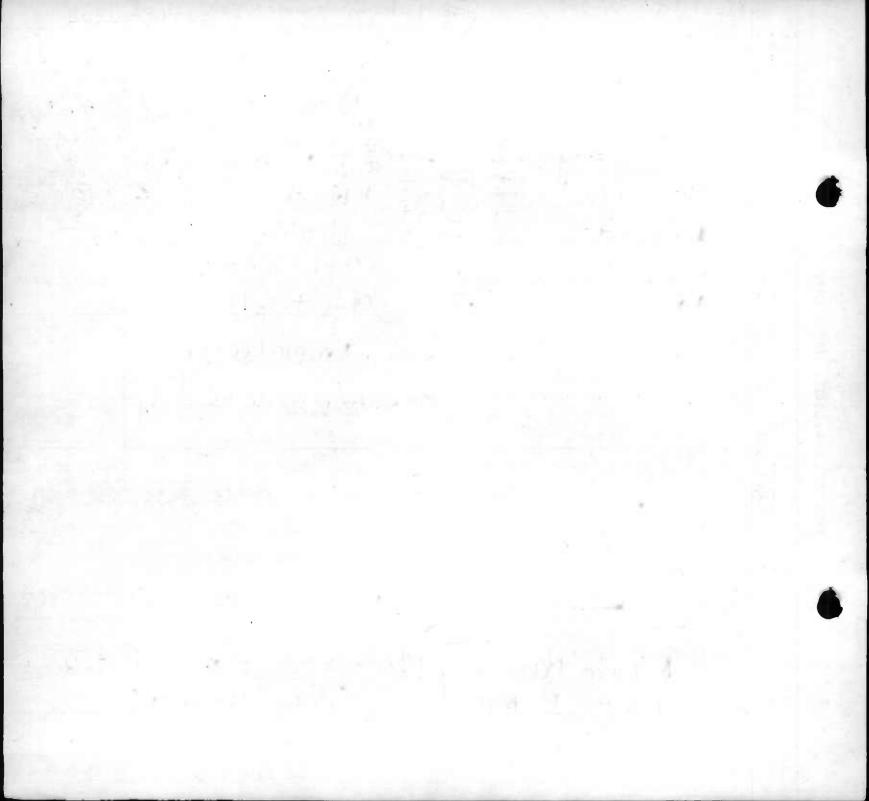
This certificote must be opproved by the chief medicol examiner or his ossistont if death occurred in o hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. of o hospital (except where the physicion who pronounced death wos in regular attendonce on the deceased prior to death); and (6) No physicion wos in regular attendance on the deceased prior to deoth. Such written approval must be obtoined before the remoins are embolmed or finol disposition is mode.

1	2 125	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1290 +
RIP	D-625 TH NO. 68-0/345-68-1	290 CERTIFICA	TE OF DEATH	REG. NO	00 1500 4
	AME OF DECEASED	: 1	2. DATE AND	HOUR OF DEATH	
	BABY GIRL DRAUG			4 - 68	12.00 NOOM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT		nstitution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MD.		
IN	STITUTION		C. CITY OR TOWN BALTIMORE	y. IN	YES NO
14	CLUTHERAN HOSPITAL O	F MARYLAND	E. STREET AND NUMBER		11.3
			1537 N.	FULTON	AVE
5.	6. RACE 7. MARR WIDOV	IED NEVER MARRIED DIVORCED	1-22-68	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even if retired)				USA
13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM		
	NATHANIEL		PAULETTE	B002.	EK
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, , , ,		CHART		
	18.778.21	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0-20.00= 0. 3	0	
	(This does not meon the mode of dying,	(A) IMMEDIATE CAL	USE RESPIRATORY DIS	GTRESS JYN	8/3078
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ase,			
	ANTECEDENT CAUSES	PR	EMATURITY		
	DISEASES OR CONDITIONS, if any, given	10/100000000000000000000000000000000000	A CONSEQUENCE OF:		
	rise to the above cause (A) stoling UNDERLYING CONDITION last.	the CO PULT	TONARY HAE	MRORRHAGE	€?
	771.5	(0)			
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				4
CATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSYT (Yes) or No.	208 IE VEC WEDE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOFST TIES OF NO.	IN CERTIFYING CA	AUSES OF DEATH?
AL CER	21 À. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	ore City, give exoct focotion)
DIC/		21 E. INJURY OCCURRED	21 F. HOW DID INJU	IBY OCCUP?	
MEG	OF INJURY	While At Not While Work At Work	е	iki occor:	
	22. I certify that (I) (this hospital) attend		d	9 <i>6.8</i> ta	1-24-1960,
	that (1) (we) last saw the deceased olive	an 1-24-	19 <i>6</i> 8 and tho	t in (my) (aur) ap	inion death accurred on the date
	and haur and from the causes stated alay	e. (1) (We) (did) (did not) v			
	23A, SIGNATURE		and in the second		23B, DATE SIGNED
	1.62	DEGREE Phy		Shaff Phys.	1-24-68
	23C. PHYSICIAN'S NAME (Type) AZI:	2	722 ASHRURTAN	B. Ba	1717282 HD 21216
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY BUAR BID. US	CATIONA RY	(State)
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAN NIVE	1250 FUNERAL DIRECTOR	AL SCHOOL	OL ADDRESS
VS	150-REV. 1/1/68	and and	+2001111	TOTOT (LADI



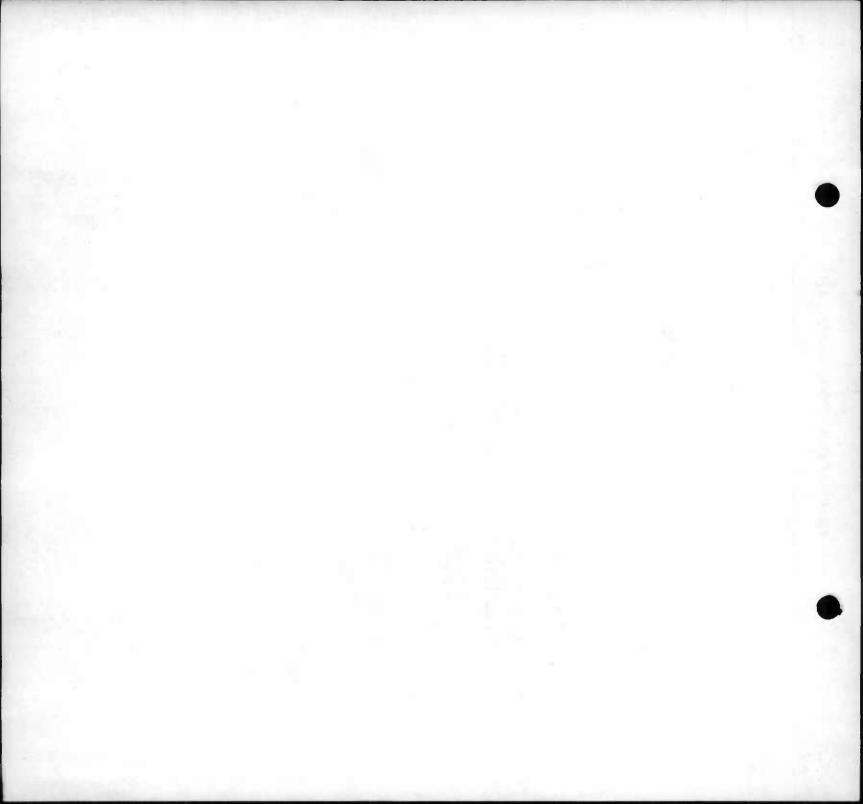
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and leath sased the Such	BIRTH NO
of of Oece	3. PLACE
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	FULL NA HOSPITA INSTITUTI
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denti denti ospi dea mus	23A. S
is referred at a horizon to	23C. P
This certificate must be app the body was released to t shows: (1) An accident of a was D.O.A. at a hospital (e deceased prior to death); written approval must be o	24A. BURI
This certi the body shows: (1 was D.O. deceased written a	25A. DAT
the sho wa dec	FE
	VC 150 D

	0120	BALTIMORE CITY	HEALTH DEPARTMENT	68- 1291 ←
	BIRTH NO. 68-01714 68-1	291 CERTIFICA	TE OF DEATH REG. NO	00 1201
1	T, NAME OF DECEASED	01101	2. DATE AND HOUR OF DEAT	H (2.2.7 /
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	INCT GHKI	4. USUAL RESIDENCE (Where deceased lived, If	M. M.
	3. PLACE IN BALLIMORE, MARTLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	Institution: residence before damission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	ISIDE CITY (IMITS?
1	INSTITUTION		BALTIMORE	YES NO
1	Sinai Hospital 1	&Balto, Inc.	E. STREET AND NUMBER 1703 Bloomings	Lale Rd.
	F WIDOW		B. DATE OF BIRTH 1-15-68 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Infant	0	MARCYLAND	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME CHRISCOE	
	15. Was Deceased Ever in U. S. Armed Farces? (Yes,no ar unknawn) (If yes, give war ar dates af servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No	•	Chart of Hospita	al.
	18.773X I	CAUSE OF DEAT	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AND TO LATE CALL	- Immaturity	
	(This does nat mean the mode of dying, etc. It means the disco		A CONSEQUENCE OF:	
	injury or camplication which caused deoth.)			
	DISEASES OR CONDITIONS, il ony, giv	(B) DUCAT	a consequence of:	pro-
	rise to the above couse (A) stating UNDERLYING CONDITION last.	The	3	
	SOLV II	(C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG		- 1 40
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 198. CONDITION FO		20 A. AUTOPSY? (Yes of No.) 20B. IF YES. WER	F FINDINGS CONSIDERED
	198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	DK WHICH OFEKATION		E FINDINGS CONSIDERED AUSES OF DEATH?
		218. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)	n or obout 21C. WHERE DID (If In Boltim fice bldg., INJURY OCCUR?	nare City, give exact location)
	21D-TIME (Month) (Doy) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(A PPROX.)	While At Work Not While Wark		
	22. 1 certify tho (1) (this hospital) attended		-15-68 19 68to	1-15 1968.
	that (I) (we) lost saw the deceased alive a	on 1-15-68	ond that in (my) (aur) o	pinion death occurred on the date
11	ond haur and from the causes stated above	. (1) (We) (did) (did not) v	iew the body after death.	
	23A. SIGNATURE	Pinso Alaha	nding Med. Shaff	23 B. DATE SIGNED
•	23C. PHYSICIAN'S	de Greek Phy	23 D. ADDRESS	1-12-68
	NAME (Type)	INGS	Smai Hospi	tal.
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1-30-65	NAME of CEMETERY OF CRI	MATORY BOAR STOUGHARY	(Stote)
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAN	AE OF REGISTRAD	S25G. FUNERAL DIRECTOR	ADDRESS
		talken	HOSPITAL DISPOS	SAT
1 4	VS 150-REV. 1/1/6B			

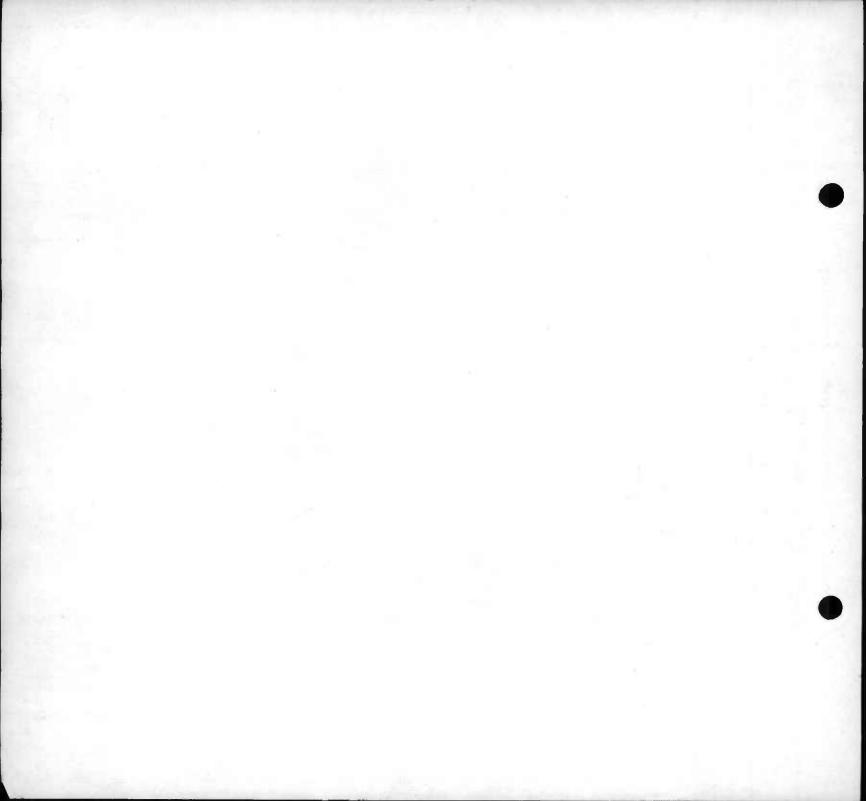


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	1-352			BALTIMORE CITY	HEALTH DEPARTMENT		00 4909
BHR'	TH NO. 68	02757	9 68- 1	292 CERTIFICA			68- 1292
	pe or Print)	abo Z	Boy Ada	ms-"B"	2. DATE A	ND HOUR OF DEATH	500 A . M.
	PLACE OF DEAT		MORE MARYLAND		A. STATE B. COU	ere deceosed lived. If in	nstitution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION	oddress	n hospitol or instituti	-	c. CITY OR TOWN (11 0	utside city limits, write	RURAL and give township)
70	Singi	165	spital of	Baltimore, Inc.	D. STREET ADDRESS (1)	rurol, give location)	ed.
5. 5	M -	- RACE Nea		WED, DIVORCED (specify)	B. DATE OF BIRTH 1/22/68	9. AGE (In years tost birthday) 46 NV5	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
t0A don	USUAL OCCUP during most of we	orking life, ever	kind of work 10 B. KINE n if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Many land	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Robert		w Tr.		14. MOTHER'S MAIDEN NA	AME	
15. (Ye	Was Deceased E s, no or unknown)	ver in U.S. If yes, give	Armed Forces? wor or dotes of servi	security No.	17. INFORMANT Chart		ADDRESS
		OR COND	ITION DIRECTLY	CAUSE O	F DEATH	Distress	INTERVAL BETWEEN ONSET AND DEATH
	heart failure, o injury ar camp	sthenia, etc.	mode of dying, It means the dise ch coused death.)	and.	Prematurty.	Studions	
	DISEASES OF	CONDITION CO	ONS, if ony, givenue (A) stoting				
ATION		ATH BUT	DITIONS CONTRIBU NOT RELATED TO CAUSING IT.				
CERTIFICA	19A. DATE OF			OR WHICH OPERATION	20 A. AUTOPSY? (Yes/or N	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT OR CONTRIBUT DEATH (notify r	ING CAU	SE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimos	City, give exoct tocation)
MEDIC	21 D. TIME OF INJURY (APPROX.)	Month) (Do	y) (Yeor) (Hour)	21 E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN	JURY OCCUR?	
	that (I) (we) I	ast saw the	deceased alive	ed the deceased fram	1/22/1968 23 1968 and t		24 1968 , inian death accurred an the date
	23A. SGNATUR	Alger	uses stated abav		ending Med. S. Director	Stoff Phys.	238. DATE SIGNED 1/24/1968 -
	23C. PHYSICIAN NAME (Typ	7.	Meyer Hel	4	23D. ADDRESS	(05)74	Baltinone Hd.
24/	REMOVAL (Sp	ATION, 24B.	1-30-68 24	C. NAME ON CHMETERY OF CR	MAPUAKO WID.	SCHOOL	y, town, or county) (State)
25/	FEB 2		Coleut E.	LarleyMA	HOSPI	CAL DISPO	SAL
VS	150-REV. 1/1/65	5					

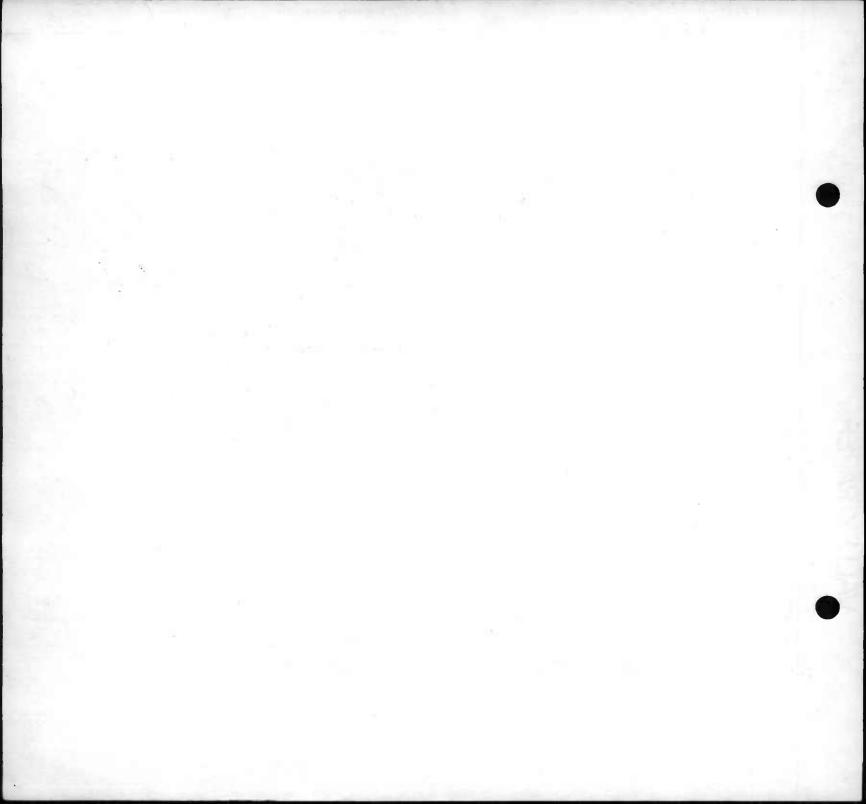


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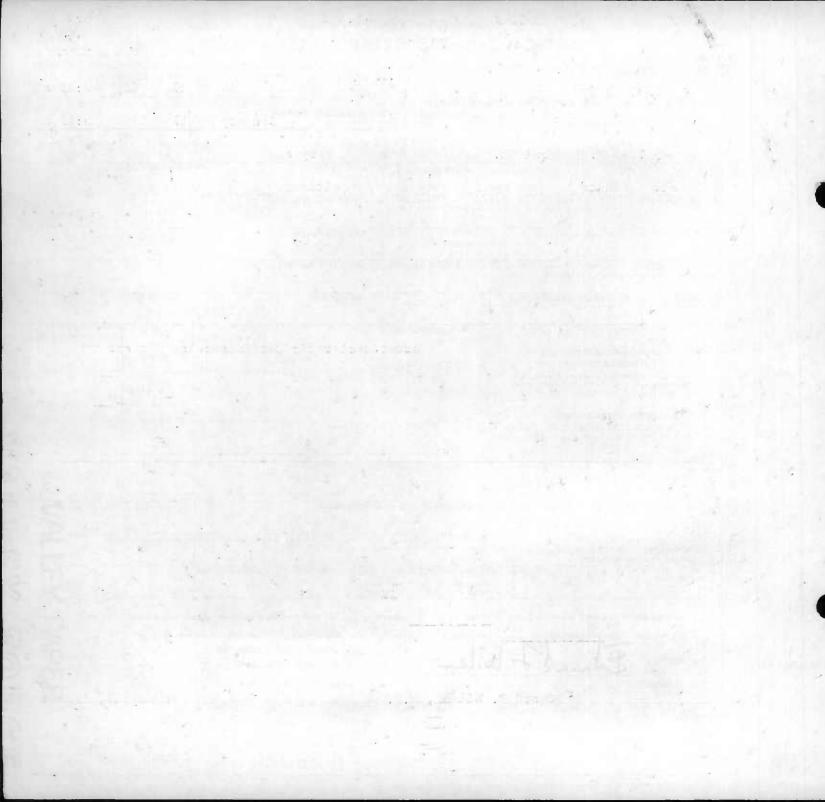


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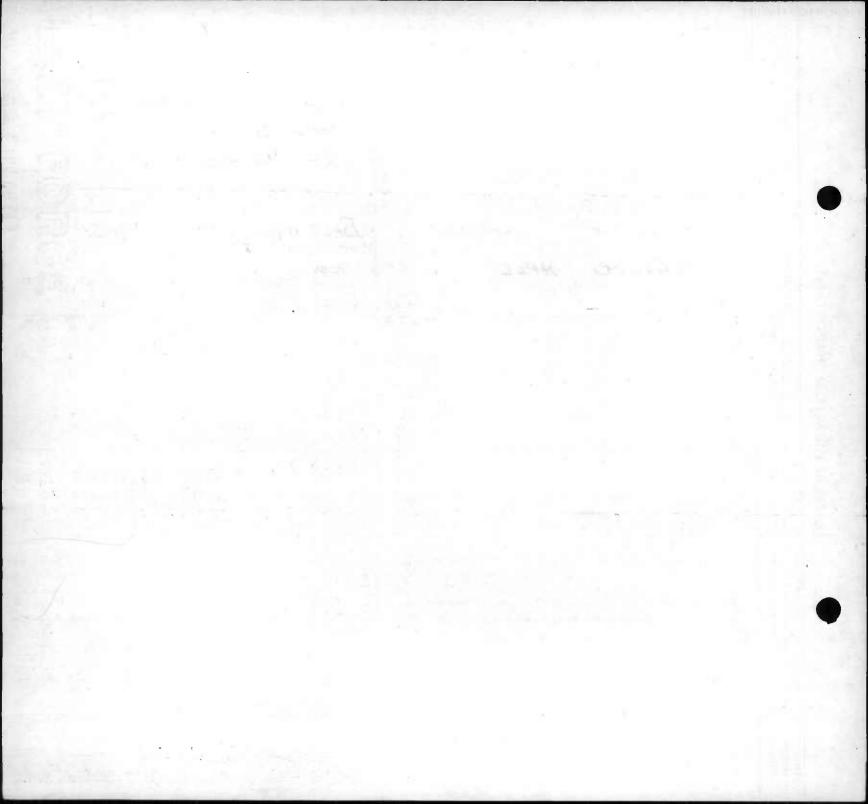
7	7-352	0.0		HEALTH DEPARTMENT		68- 1294
	H NO. 68-02760 L CASE NO.	68- 1	294 CERTIFICA	TE OF DEATH	Registered Na.	00 1234
1. N (Typ	De or Print) Baby	Boy"C'		2. DATE AN	D HOUR OF DEATH	1 11:25 Am.
3. 1	LACE OF DEATH IN BALT	MORE, MARYLAND		A. STATE B. COUN	é deceosed lived. If instit TY	16 10
ŀ	HOSPITAL OR oddres	in hospitot or institut s or location)		C. CITY OR TOWN (If out	side city limits, write au	(AL and give township)
	41 3in	ai Hosp	rat of	D. STREET ADDRESS (III	e 21216 rurol, give locotion)	
	10		MITIMORE	4730 Wax	efield Rd.	Apt. 302
5. S	$m \mid N$	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) EVER MANIED	1/22/68	lost birthdoy) N	F Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give during most of working life, eve	en if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	•	none	1 0 X Y Y 100	MA	y.s.A.
				Stella	VIE	
15. Yes	Wos Deceased Ever in U. S., no or unknown) (If yes, give	Armed Forces? wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
`	No		none		Records	
	DISEASE OR CONE	OITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH
	LEADING TO	O DEATH	(A)	assive Hspir	ation	1 & hours
	(This does not mean the heart failure, asthenia, etc injury ar camplication whi	. It means the dise				4) 36
	ANTECEDEN		(B) H	taline Memb	rane Disease	7 60
	DISEASES OR CONDITI	ause (A) stating		ematurty		42
ATION	773,5 11 OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO	JTING 3rd of	Triplets		
CERTIFICATION	19A-DATE OF OPERATION	198. CONDITION F	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN IN CERTIFYING CAUSE	
	21A. ACCIDENT WAS UND OR CONTRIBUTING CAL DEATH (notify medical exam	DERLYING DISE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
MEDICAL	21 D. TIME (Month) (D OF INJURY (APPROX.)	oy) (Yeor) (Hour)	21 E. INJURY OCCURRED White At Not White Work Not Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (1) (thi	s hospital) attend	ed the deceased fram	1/22 1	9 63 ta //	22/68 19 68.
	that (1) (we) last saw th		2 ' 6	19 6 8 and the		n death accurred an the date
	and haur and from the co	auses stated abay	(I) (We) (did) (did nat) v	iew the bady after death.	los	B, DATE SIGNED .
	1000 2	Mont	Ered M.D. Atte	nding Med. Director	Stoff Physics	1/22/68
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	1	2111
	Alan	J.0810n	tried M.D.	SINGI HOS	pital of	Daltimore
24A	REMOVAL (Specify)	1-30-68 24	C. NAME OF CHE	WDOWN OF DAM	PANON LANDIV.	town, or county) (State)
25A	B 2 1968		ME OF REGISTRAR	25CL FUNERAL DIRECTOR HOSPIT	SCHOOL AL DISPOS	ADDRESS
VS	150-REV. 1/1/65			THE PARTY OF THE P		



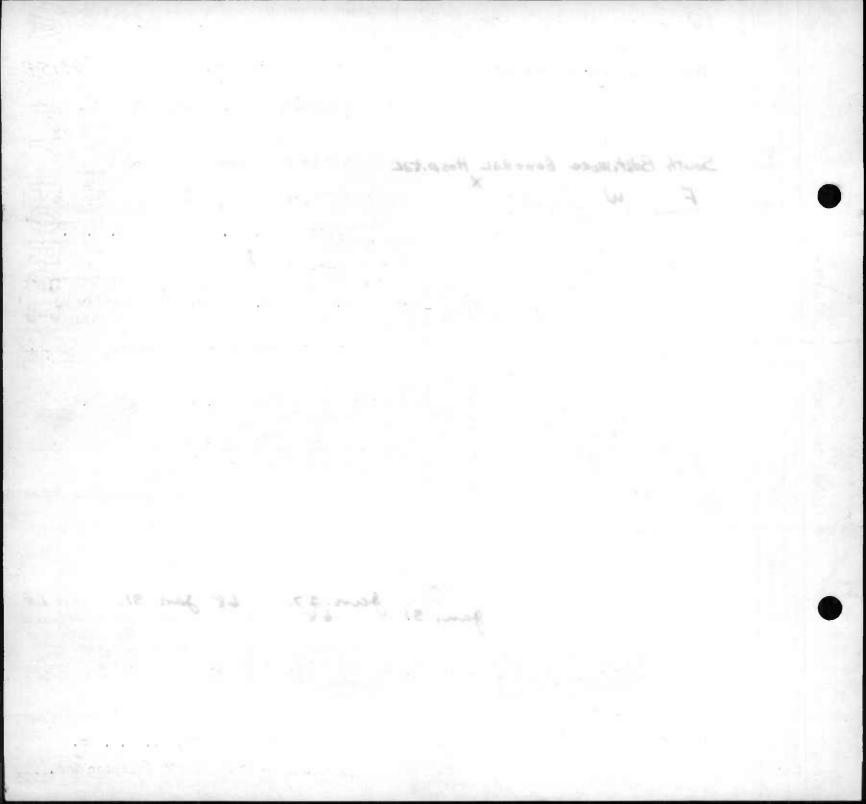
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			MED	ICAL	. EX	AMINER'S	CER	TIFIC	CATE	OF	DEAT	H REG. N	10. 00	5	125	CI
-	TH NO.	TACED														
	NAME OF DEC							OF		7 XX	Month 1	17	68		9:15	
4	MA PLACE IN BAL		NTZ	LIEDE DI	ONO	INICED DEAD		ATE	Estimo	oted 🗆		Doy		eor	Hour	а м.
	L NAME OF					N, GIVE STREET	11		NCED D	EAD_	Month					
HO	SPITAL	ÀDDR	ESS OR LOCAT	ION)			5 116	CILAL DE	SIDENIC		nuary	17	196		9:15	121.
	00		. Feder				A. ST	ATE	Maryl	``	deceosed is	B. COUNT		ence be	6	ssion)
6. 5	SEX	7. RACE		B. MARE	RIED _	NEVER MARRIED	C. C	ITY OR	TOWN			D. INSU	CITY LIM	ITS?	1	
	Female	Whi	te	WIDOV	VED 🗌	DIVORCED		Bal	Ltimo	re			YES X	N	0	
9. [ATE OF BIRT	H	10. AGE (In lost birthdo) 84			ler 1 Yr. If Under 24 H s Doys Hours M		REET A	ND NU	MBER	FEd	ERA	2/		ST	
f1.	BIRTHPLACE (S	State or forei			f2. Cl	TIZEN OF	13. F	ATHER'S	NAME	hy "	1100	20111	/		- 11	
				15	W	HAT COUNTRY?										
	USUAL OCCU			4B. KIND	OF BI	USINESS OR INDUS	TRY 15. /	MOTHER	'S MAIL	EN NA	ME A	15				
	WAS DECEAS , no or unknown					17. SOCIAL SECURITY NO.	1B. II	NFORM	ANT	~	5		ADDRES	S		
_	19.	M				CAUSE OF D	FATH							APPR	OXIMATE II	HTERVAL
	OISEAS (This does not be not be followed)	LEADING To not meon the c, osthenio, etc	DITION DIRECT O DEATH mode of dy c. It meons the ich coused dea	ing, e.g., diseose,		Art	erios				diovas	cular	Disea		N ONSET A	ND DEATH
NO	DISEASES	NTECEDENT OR CONDIT E ABOVE CA NG CONDIT	ONS, IF ANY	, GIVING		(B)(C)	OR AS A	CONSEG	UENCE	OF:						
CERTIFICATION	TO THE DE.	ATH BUT NO	II NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL											
1	20A. DATE O	F OPERATIO	N 20B. CON	NDITION	FOR W	VHICH OPERATION	WAS PE	RFORM	ED		111		21. #		SY? (Yes	or No)
EDICAL	22A. EXTER UNDERLYING UTING CA		ITRIB-			ACE OF INJURY(e form, foctory, street, o					(If in Boltimo	re City, give	e exoct locot			
ME	22D. TIME OF INJURY (APPROX.)		Doy) (Yeor) (Hou	WH		OT WHILE		2F. HOV	VDID IN	JURY OCC	UR?				
		ted from:	Notural cou		_	cident Sui	Autopsy cide	Но	micide CHIEF M	EDICAL E	his bosis, Undetermi EXAMINER	ned monn			ATE SIG	NED
	EXAMIN	IER'S Type)		vard		Wilson AM.	MV	RA	ARD	OF	XAMINER ALA D		hlary		1968	
	A. BURIAL CRE MOVAL (Speci		24B. DATE	-68	24C	JOHNS	HO	PKI	NS	MED.	1CAL	SCH	16%n, or co	ounty)	(Sto	ite)
25	FEB 2	BY HEALTH	Rober	25B2N	NAME O	OF REGISTRAR		25C. F	UNERAL OSP	DIRECTO	DIS	POSA	ADDRES	SS		
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4-41	68	- 129	C'	HEALTH DEPARTMENT	REG. NO.	68- 1296
BIRTH NO.		, 1.00	CERTIFICA	TE OF DEATH		
.NAME OF DE Type or Print)	1	Lla	/		30-68	12 30/2
3. PLACE IN BA	LTIMORE MARYLAND, W	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, If i	nstitution: residence before admission
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITU	TION. GIVE STREET	MARYLA	* * *	imore 5300
FULL NAME O HOSPITAL OR INSTITUTION			TION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
`	Mercy	1415	PITAL.	Essex (21)	1.5	YES NO XXX
/	Mercey	7100	, , .	22 OR	VILLED R	1).
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
MALE	WHITE	WIDOWED	DIVORCED	11-22-83	84	771011113
one during most o	f working life, even if retired)			11. BIRTHPLACE (State or for		12, CITIZEN OF WHAT COUNTR
Cabine	t Maker	Wood	Shop	BALTIMOR		USH.
3. FATHER'S N.	AME	1 10		14. MOTHER'S MAIDEN NA	ME	
14	1LOW H	BLL.		Rose		A
5. Was Decease Yes, no or unknov	od Ever in U. S. Armed For (n) (If yes, give war ar dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
No			212 03 7664	William J. Hal	1 Same/	2
18.41	0,97125	0.4	CAUSE OF DEAT	Н	mer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY		V Baman	11 HBran	lan
	nat mean the made of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	1 000 cm	18-49/
	e, asthenia, etc. It means implication which caused		272	- 11 / 1/2"	1100 7.00	
	ANTECEDENT CAUSES	S	avr	ial fille	ecunon	
	OR CONDITIONS, if		DUE TO, OR AS	A CONSPOUENCE OF		
	he abave cause (A) IG CONDITION last.	sloting the	(c) HSC	VII. 1941	repealed	14/28/15
420,1	Н		011	D , Mi-	1	1101
	IFICANT CONDITIONS CO		Drake	les Melletus.	pleurox	Ericardial Elli
DISEASE OR	CONDITION GIVEN IN PAI	RT 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE	WAS PER			yes.	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?	1	re City, give exact location)
DEATH (not	fy medical examiner)	No etc.)				
21 D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Wor	le At Not While At Work			1 / 1
22. I certi	y that (I) (this haspita	() attended th	e deceased from	1/30/69	.19to	130/68
that (I) (w	e) lost sow the deceos	ed olive on	1/30	19 g ond t	hot in(my) (aur) ap	inion death occurred on the de
ond have a	nd from the couses sto	ited obove. (I	(We) (did) (did not)	view the bady after deoth.		
23A. SIGNA	URE 011	1.1/21	Δ++-	ending Med.	Staff	23 B. DATE SIGNED
	1-146	Militar	aegree Phy	s. U Director U	Phys.	1/00/00
23C. PHYSIC NAME	AN'S (Type)		2/././.	23D. ADDRESS	1/20	J. V.
A	odolna mi	0 6	MILOCAL GEGREE	leve	1 6465	per ar.
REMOVAL	(Specify)		ME of CEMETERY of CR		LOCATION	City, town, or county) (State)
Burial		< Pal+				
	2/3/68		imore Cemeter		altimore, Mo	18
and the same of	D BY HEALTH DEPT.	25B. NAME C	F REGISTRAR	25C. UNERAL DIRECTO	Saugen	ADDRESS
and the same of	2 1968 P.C.	25B. NAME C		25C. UNERAL DIRECTO	altimore Moneral Rome	ADDRESS



W-526 68 1297 CERTIFICA	TE OF DEATH REG NO. 1297
1. NAME OF DECEASED	2. Date and Hour of Death 1-31-1968 6; 15 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? Pasadena E. STREET AND NUMBER
South Baltimore General Hospital	950 Longview Road High Point
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	
Seamstress	Shippensburg, Pa. U. S. A.
John Laughery	Maude Wilson
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. No 217-05-6438	Mr. Albert M. Wengert 950 Longview Rd
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1 (A).	20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in local parts of the local parts	IN CERTIFYING CAUSES OF DEATH?
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED White At Not White At Work	21 F. HOW DID INJURY OCCUR?
that (1) (we) lost sow the deceased alive on January 31 and hour and from the causes stated above. (1) (We) (did) (did not) v 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	19 68 to Jan. 31, 19 68 to Jan. 19 68 to J
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRE	MATORY 24D. LOCATION (City, town, or county) (Slote)
Burial 2/5/68 Glen Haven Memor	OCC SUMBON DISCOURT
THE 2 1968 Robert E. tartent	m Cully F. K. 237 Patapsco Ave 21225
	BIRTH NO. BIRTH NO. BIRTH NO. SPACE STATE STATE STATE STATE STATE SOUTH BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR INSTITUTION) S. SEX S. RACE 7. MARRIED NEVER MARRIED DIVORCED JOHN LSUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Seamstress S. FATHER'S NAME JOHN LSUGHERY JOHN LSUGHERY S. Armed Forces? 16. SOCIAL SECURITY NO. 217-05-6438 CAUSE OF CONDITION DIRECTLY LEADING TO DEATH CHAIN of the diseose, injury or complication which coused death, heart failure, asthenia, etc. It means the diseose, injury or complication which coused death, ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION 108 (C) SEASE OR CONDITION GIVEN IN PART 1 (A). 1974. DATE OF OPERATION 1974. DATE OF OPERATION



	41	1-1/80			BALTIMO	RE CITY HE	ALTH DEPARTM	NENT		68	2 11	200
	BIRTH N	10.700	68	-1298	CERTI	FICATI	OF DEA	TH F	Registered Na.	00) 11	230
		ASE NO. E OF DECEASE r Print)	BEY	L. HAL	4	· ,·	2. 0	TATE AND H	-68		8:3	3 A.M.
	3. PLA	CE OF DEATH	N BALTIMORE, M	ARYLAND		4. A.	USUAL RESIDENCE	CE (Where de	ceosed lived. If i	institution: resi	dence before	e odmission)
5	HOS	NAME OF	(If not in hospito oddress or locoti	l or institution, give	e street		CITY OF TOWN	A COLUMN	city limits, write	PY LA	ove lownship	in) (
	25	CHu	rch H	DWE +	tospi	TAZ	BALT STREET ADDRESS	TMOR	give location)	1.6	We C	1
Ď	and the same						420	SIB	MOTA	STI	(24	+)
201	5. SEX	ALE 6. R	WHITE	MAP	DIVORCED (spe	ecify)	2-22-	04 051	birthday)		oys Hours	nder 24 Hrs. Min.
			ION (Give kind of wo				BIRTHPLA CE (Stot	e or Moreign c	ountry)	12. CITIZEI WHAT	COUNTRY	?
	12 547	HERS NAME	ER .	STAND, CI	apa Molo		MOTHERS MAID	E87 E	B	u	SA	
Spor	13. FAT	SAM V	tall.			14.	BETTY	CH. CO		(c	RIS	P)
			in U. S. Armed Fres, give wor or do		6. SOCIAL SECURITY NO		INFORMANT	413	6.6		DDRESS	e. a.i. A.12
		NO		- 2	12-03.4	961,	MIER	420	7, BY			C, 24, MI
5	18.	200.	 R CONDITION D	IDECTI V	C	AUSE OF D	EATH '	•			TERVAL BE	
		LEA	DING TO DEATH	1	(A)	Myo	condit	741 J	The colo) J:	3 Mi	Bluck
5	he	orl foilure, osth	neon the mode of enio, etc. II meon	s the diseose,	DUE	10,						7888888888888888888
	ini		ition which couse CEDENT CAUSE		(B)	DIKB	W COLD	JU 1	t m			
9	DI		CONDITIONS, if		DUE	10		(0)	0-007	_		
2			oove couse (A ONDITION lost,	sloling the	(C)	10	FB CIW K		1001			
		160 X	II									
ren	E TO	THE DEATH	NT CONDITIONS BUT NOT REI DITION CAUSING	ATED TO THE								
Lue	19 A	DATE OF OPE	RATION 198. CO	NDITION FOR WH	IICH OPERATIO	N	20 A. AUTOPSY? (Y	es or No) 20	B. IF YES, WERE	FINDINGS C	ONSIDERED	1
9	CERTIFIC CERTIFIC	1-78-F		16 tec10	1	TOOT	obout 21 C. WHERE			re City, give		
Dero	A DE	CONTRIBUTION (ATH (notify med	CAUSE OF		form, foctory,	street, office	bldg., INJURY OC	CUR?	tir in politino	ire City, give	exact lacons	1117
5		D. TIME (Mo	nth) (Doy) (Yeor) (Hour) 21 E. IN	NJURY OCCUR	RED	21 F. HOW	DID INJURY	OCCUR?			
-	(AF	PPROX.)		While		Not While At Work						
00				attended the			- 27	19	of to	-29		19 68 .
0				sed alive on			19 68		(my) (our) op	inian death	accurred	an the date
UST		SIGNATURE	m the causes st	ated above. (I) ((We) (did) (di	d nat) vlev	the bady after	death.		238. DATE	SIGNED	4 -00
E		V	ale De	1 Then	M	A.D. Attendir	Med.	or Stoff Phys	. 1	1-	30-	68
>	23 C	NAME (Type)	Dr. Day	a brown	IT Winds		ADDRESS	abl	11	- 4 16	en.	
2	24A. RI	JRIAL CREMAT	ON, 248. DATE	24C. NAM	TE OF CEMETER	M.D.	CHUY	CHT 24D. LOCA	HON WE	the forms	COMPIL	(Stote)
3	RE	EMOVAL (Specif	y)		CRED ,				ERMAN H	L. PA	RAITA	
	25A. D.	ATE REC'D BY	HEALTH DEPT.	25B. NAME OF		/	25C. FUNERAL D	IRECTOR	GAI S	CONKI	APPLESS	ST
3		FEB 2	1968 (Le	10 E. 40	hober 1918		Charles	A. Seil	W BAL	TO, 21	224,	MD.
	VS 150-	-REV. 1/1/65					Read .	()				

CHURCH HOME 4-HOSPITAL BALTIMORE

MALE WHITE MARRIED 2-22-04 (62)

LABORER STAD CAN HOUSE TENNESSEE U.S.A.S.

SAM HALL

BESTYH CHIEF U 26 S EATEN STIBRIT, SHID

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OH TORY DANNEY STELL

Dr RAY MOND AT KINS CHAY OH HO ME + HOSEP.

BLRIAL 2-1-28 SPECKED HERRY CER. THOSESCHAN HALRE GALLE CA. CO.

IMPORTANT DIRECTOR: FUNERAL

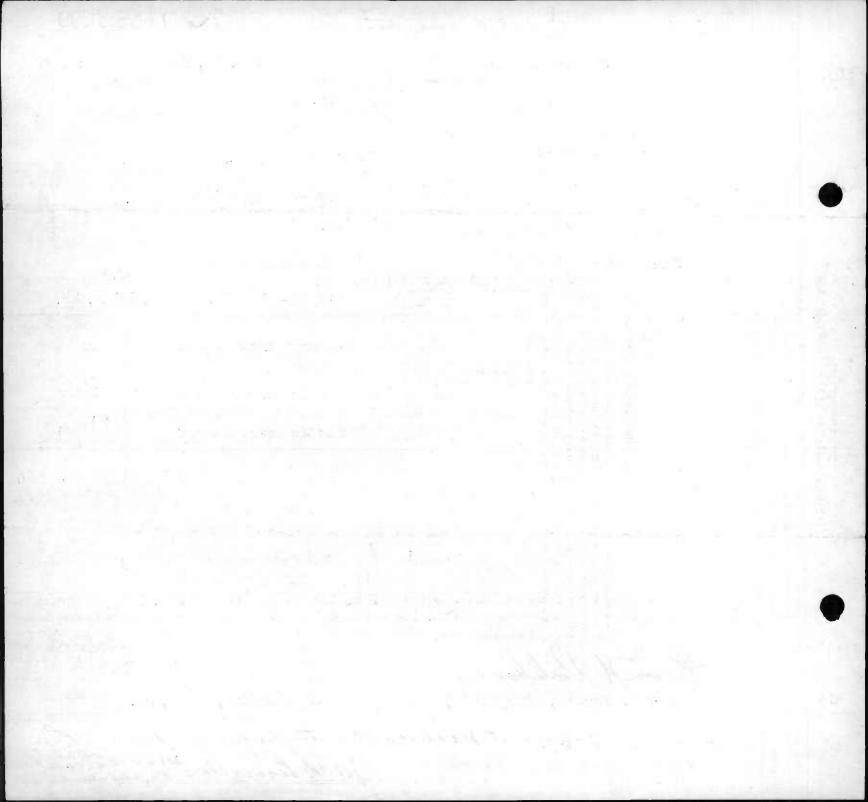
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH death (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Jan. 30, 1968 Joannes Nicholas Bobuk 0 death. 4. USUAL RESIDENCE (Where deceased tived. If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Pa. canse FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 9 Duquesne NO YES US Public Health Service Hospital prior E. STREET AND NUMBER \$100 Wyman Park Drive 1008 Lowrey St. etermined is made regular If Under 24 Hrs. 5. SEX B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased Manths: Days last birthday 9/6/21 M DIVORCED WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? disposition dane during mast of working life, even if retired) Pa. USA (4) Und Deck maintenance Seafarer SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Elizabeth Buckiso John Bobuk death ADDRESS 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Records- US PHS Hospital, Balto, Md. attendance 194-12-9507 No CAUSE OF DEATH APPROXIMATE INTERVAL 9 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Imed Pulmonary edema & shock Hours LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, 0 ar injury or complication which caused death.) ق em Years Multiple sequela due to ANTECEDENT CAUSES 0 DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving Ihe above cause (A) stating the Rheumatic heart disease physician UNDERLYING CONDITION last, the remains MOS 416 X CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED YES YES 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED yes 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, larm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) where hospital MEDICAL °Z DEATH (natify medical examiner) T 21 D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 obtaine OF INJURY Nat While (except While At (APPROX.) and Wark At Work any 22. I certify that (1)/(this haspital) attended the deceased fram. 1968 that () (we) last saw the deceased alive an. and that in (my) (aur) apinion death accurred on the date eath) and have and from the causes stated abave (1) (We) (did) (did not) view the bady after death. must 23B, DATE SIGNED 23A. SIGNATURE O Attending [Med. 0 Director L 20C. PHYSICIAN'S NAME (Type) 0 prior 23D. ADDRESS approv ŧ Hospital, Balto, Md. An Surgeon (R) Norman H. Peckham. 24D. LOCATION (Stote) eceased 0.0 REMOVAL (Specify) cholas Cemetry shows:

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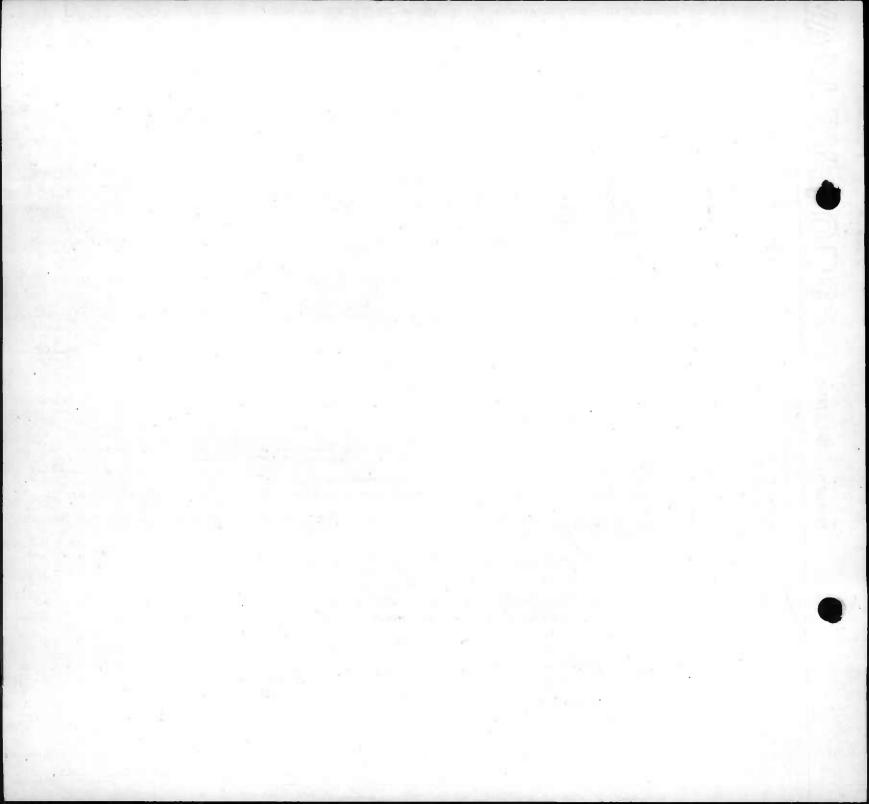
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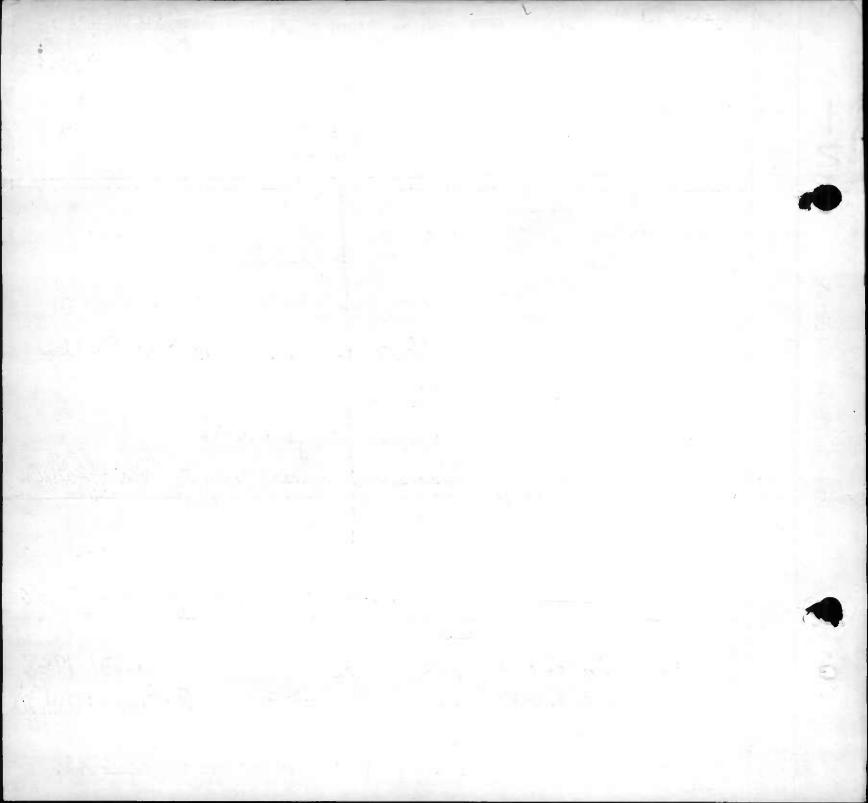
25A. DATE REC'D BY HEALTH DEPT.



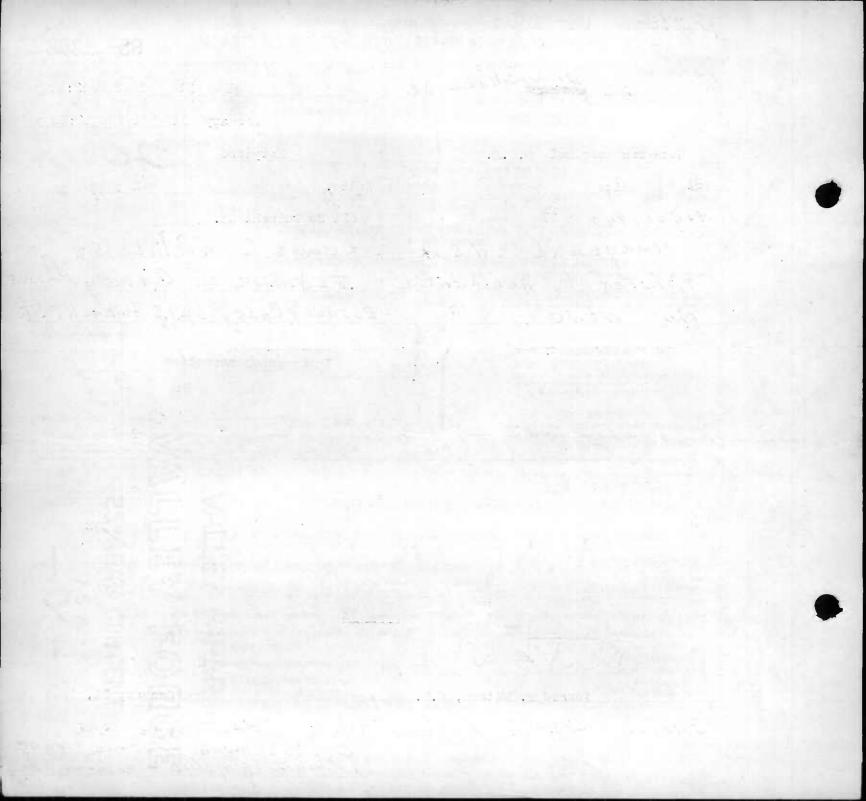
1	1-62	5 68	- 130	O CERTIFIC	TY HEALTH	DEPARTMENT	REG. NO	66-	1300
	H NO.		100	CERTIFIC	ATE OF		HOUR OF DEATH		
Тур	e or Print)	Conr	ad Herzo	og		Januar	y 28, 1968		2:30 A. A
FUL	L NAME OF SPITAL OR TITUTION	TIMORE, MARYLAND, V (IF NOT IN HOSPIT ADDRESS OR LOC		JNCED DEAD	A. STATE	RESIDENCE (Where B. COUNT Maryland	deceosed lived. If i	nstitution: resid	ence before admission
0	() 313	19 McElderry	St.,		E. STREET	AND NUMBER	lerry St.,	LECT	
s. si	x le	6. RACE White	7- MARRIED [NEVER MARRIED	_	10, 1895	AGE (In years ost birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hrs.
		UPATION (Give kind of wor working life, even if retired) LCCT	k 10B. KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHP		n country)	12. CITIZEN	OF WHAT COUNTRY
13. F	Stephe	en Herzog			14. MOTH	er's MAIDEN NAM argaret Loo			
5. V Yes	Vas Deceased no of unknown	Ever in U. S. Armed Fo) (If yes, give wor or dot	es of service)	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT	og, 3119 M		DDRESS
	heart failure, injury ar can DISEASES (rise la lh	LEADING TO DEATH nal mean the made at asthenia, elc. Il means nplication which caused ANTECEDENT CAUSES DR CONDITIONS, if e abave cause (A) G CONDITION last.	dying, e.g., s the disease, d death.) S	(B)	AS A CONSEC		meralized	2 >	10 years
MOITA	420.1 OTHER SIGNII TO THE DEA	II FICANT CONDITIONS CO	THE TERMINAL	Jaundi	ee, chr	mie, obstra Juster	uetus,		6 months
		OPERATION 198. CO		WHICH OPERATION	20 A. AI	UTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO	ONSIDERED ATH?
CAL CE	21 A. ACCIDE OR CONTRIBI DEATH (notify	NT WAS UNDERLYING [UTING [] CAUSE OF medical examiner)	21 B. hom etc.)	PLACE OF INJURY (e. e., farm, foctory, street	g., in or obout 2 , office bldg., I	1C. WHERE DID NJURY OCCUR?	(If in Baltimo	re City, give e	xoct location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED	Vhile	TF. HOW DID INJU	IRY OCCUR?		
	thot (1) (we)	that (1) (this hospital last sow the deceas d fram the couses sta	ed alive an	27 Janu	ary 19	6.8 ond tho	9 68 to 28 of in(my) (oun) op		19 68 occurred on the do
	Z3A. SIGNATU LOSA 23C. PHYSICIA	al actors	نحن	DEGREE	Attending X Phys. 23D. ADDR		Staff Phys.	238. DATE 5	an 68
	NAME ()	Conrad	Acton, N	DEG	120	8 St. Par	Q ST.	City, town, or c	county) (Stote)
H	Burial	Specify) 1/31/6 BY HEALTH DEPT.		arkwood Cem	etery		rkville, M		ADDRESS
	EEB 2	1968 Rober	\$ 2. to				al Home 42	10 Belai	
VS 1	50-REV. 1/1/	6B			173	1.4			



	AME OF DEC		107 TO 20 0 0			2. DATE AND			0111.8
			W. F. Poehl		The section of the		ary 29, 1		7,401
FU	LL NAME OF	(IF NOT IN HOSPITAD ADDRESS OR LOCA	AL OR INSTITUTION, (MON)		C. CITY OR TOW Timon: E. STREET AND	B. COUNTY yland in ium NUMBER	Balt D.	INSIDE CITY YES	
						fits Road			
10A	le .USUAL OCCU	White JPATION (Give kind of work	7. MARRIED NEW	DIVORCED [Dec. 23	, 1885 "	AGE (In years st birthday) 82 n country)	Months	ler 1 Yr. If Under 2 Doys Hours A
	erchant	working lite, even if retired)	Butter & H	Eggs	Mary.	Land		U. 8	S.A.
13.	FATHER'S NA	ME			14. MOTHER'S A	AAIDEN NAM			
	John 1	Poehlman			Cather	ine Stor	ıt		
(Ye	Was Deceased s,no or unknown	Ever in U. S. Armed Fore (If yes, give wor or date	s of service) SE	OCIAL ECURITY NO. -01-5070 A	Mrs. Viv.	ian Tenn	neman 352	23 N. Ca	ADDRESS
	heart failure, injury or com DISEASES Crise to the	not mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obove cause (A) 5 CONDITION last.	the disease, deoth.)	(B) Carona	ary sel	roin		× × × × × × × × × × × × × × × × × × ×	
RTIFICATION	DISEASES OF THE RESIDENCE OF THE PARTY OF THE DEAT DISEASE OF CO.	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obove cause (A) GONDITION last. ILLICANT CONDITIONS COME BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERI	the disease, deoth.) any, giving stoting the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WHICH	(B) Carona DUE TO, OR AS (C) Clurona Secondar R OPERATION	aconsequence ic Mu y and 200. AUTOPS	rous focaso mia; (litise congest	tive lea	A faile
CAL CERTIFIC	DISEASES OF THE DEAT OF CONTRIBLE	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obove cause (A) to condition last. II ICANT CONDITIONS COME HOLD TO TO TO THE CAUSE OF THE CONDITION GIVEN IN PARTICIPATION (AS PERION) OPERATION 1986. CON WAS PERION (AS UNDERLYING TAUSE OF THE CAUSE	the disease, deoth.) ony, giving stoting the NTRIBUTING HE TERMINAL TO A CONTROL	(B) Caroni DUE TO, OR AS (C) Chron Scorda	aconsequence ic Mu y and 200. AUTOPS	rous focaso mia; (ongert 2018. IF VES, W IN CERTIFYING	tre lac	A faile
AL CERTIFIC	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CONTRIBUTION OF THE DEAT OF CONTRIBUTION OF THE DEATH (notify) 21 D. TIME OF INJURY (APPROX.)	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obove cause (A) GONDITION last. II CANTICONDITIONS COMBINED TO 11 OPERATION GIVEN IN PAR OPERATION 1986. CON WAS PERION WAS PERION WAS PERION (Manth) (Doy) (Year)	the disease, deoth.) any, giving stoting the NTRIBUTING HE TERMINAL TO THE T	(c). Cluron COLOR AS	A COASEQUENC A	JOCALO JOCALO MERE DID OCCUR? DW DID INJU	Ouged 20B. IFFVES, W IN CERTIFYING (If in Bal	ERE FINDING CAUSES OF	S CONFOERED DEATH: ive exact location
CAL CERTIFIC	DISEASES OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE P	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obove cause (A) to condition last. II ICANT CONDITIONS COME HOLD TO TO TO THE CAUSE OF THE CONDITION GIVEN IN PARTICIPATION (AS PERION) OPERATION 1986. CON WAS PERION (AS UNDERLYING TAUSE OF THE CAUSE	the disease, deoth.) any, giving stoting the NTRIBUTING HE TERMINAL TO A CONTRIBUTION FOR WHICH FORMED 218. PLACING HOURS (Hour) 218. INJUING HOURS (Hour) 218. INJUING While At Work (Hour) 218. INJUING WHILE AT WHI	(B) DUE TO, OR AS (C) CULTON E OF INJURY (e.g., in, factory, street, of the control of the con	a consequence in or obout 21 C. W ffice bldg., INJURY 21 F. H 29,1968	POCALO FOR OFF POCALO MERCE DID OCCUR? OW DID INJU and the	CONGRIT 2018. IF UES, W IN CERTIFYING (IF In Ball RY OCCUR?	ERE FINDING CAUSES OF	S CONSOERED DEATH? ive exact location) ary 29 19
CAL CERTIFIC	DISEASES OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE P	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obove cause (A) to condition last. II ICANT CONDITIONS COME HOLD TO	the disease, deoth.) any, giving stoting the NTRIBUTING HE TERMINAL TO A CONTRIBUTION FOR WHICH FORMED 218. PLACING HOURS (Hour) 218. INJUING HOURS (Hour) 218. INJUING While At Work (Hour) 218. INJUING WHILE AT WHI	(B) DUE TO, OR AS DUE TO, OR AS (C). CLUTON GOPERATION E OF INJURY (e.g., in, factory, street, of the control	20 A. AUTOPS in or obout 21 C. W ffice bldg., INJURY 21 F. HO 29, 19 6. 8 view the bady a anding M is. 23 D. ADDRESS	HERE DID OCCUR? OW DID INJU and that fter death.	2018. IF VES, WIN CERTIFYING (If in Ball RY OCCUR? t in (my) (Per line line Causes of Ca	S CONSIDERED DEATH? ive exact location) ary 29 19
MEDICAL CERTIFIC	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CONTRIBUTION OF INJURY (APPROX.) 23A SIGNATURY	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obove cause (A) to condition last. II ICANI CONDITIONS COMENT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERION (Manth) (Doy) (Year) that (1) (Akis hospital last saw the deceased from the causes state of the cause of the causes of the cause of the cau	the disease, deoth.) any, giving stoting the NTRIBUTING HE TERMINAL 11 (A). DITION FOR WHICH FORMED 218. PLACI home, formetc.) (Hour) 21E. INJUI While At work and alive an anterest and above. (1) (Herbold, Merbold,	(B) DUE TO, OR AS DUE TO, OR AS (C). CLUTON GOPERATION E OF INJURY (e.g., in, foctory, street, of the control	a consequence A consequence 20A. AUTOPS In or obout 21C. W In	HERE DID OCCUR? OW DID INJU and that fter death.	COLUMN CERTIFYING (If in Ball RY OCCUR? It in (my) (Chaff hys. ROad,	Per line line Causes of Ca	ive exact location) ary 29 19 6 athoccurred on the ATE SIGNED L. 31, 196
MEDICAL CERTIFIC	DISEASES OF THE PROPERTY OF INJURY (APPROX.) 23 C. PHYSICIA NAME (T. BURIAL CRE REMOVAL (S. UTIAL CRE REMOVAL (S. UTIAL CRE REMOVAL (S. UTIAL COMMENT)	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obove cause (A) to condition last. II ICANI CONDITIONS COMENT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERION (Manth) (Doy) (Year) that (1) (Akis hospital last saw the deceased from the causes state of the cause of the causes of the cause of the cau	the disease, deoth.) ony, giving stoting the NTRIBUTING HE TERMINAL TO ALL TO	(B) COLOND DUE TO, OR AS (C) COLOND GOPERATION E OF INJURY (e.g., in, foctory, street, of the colondary of the colondary) (did dat) while the colondary of	A COASEQUENCE A COAS	HERE DID OCCUR? OW DID INJU and that fter death. Parford F [24D. Lo Pa	COLUMN CERTIFYING (If in Ball RY OCCUR? It in (my) (Chaff hys. ROad,	City, town,	ive exact location) ary 29 19 6 ath occurred on the ATE SIGNED L. 31, 196



VS 151-REV. 1/1/6B



00	1000	BALTIMORE CITY HEALTH DEPARTMENT			
00-	1303	CERTIFICATE OF DEATH			

E-152	68-	L303 CERTIFICA	TE OF DEATH	REG. NO	68- 1303	
NAME OF DEC	EASED			AND HOUR OF DEATH		
(Type or Print)	SIMON R	EVANS	3/	JANUARY 1	968 8:30 A	
FULL NAME OF	TIMORE, MARYLAND, WHERE PE	NSTITUTION. GIVE STREET	A. STATE MARYLAND	Where deceased lived. If	institution: residence before odmission	
HOSPITAL OR	BALTIMORE CIT		C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES X NO			
31	BALTIMORE MARY		1624 E. EA		21205	
5. SEX MALE	NECTRO	RRIED A NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12-27-18	9. AGE (In years lost birthd 49	If Under 1 Yr. It Under 24 Hrs Months Doys Hours Min.	
	UPATION (Give kind of work 108, KIP working life, even if retired)	ND OF BUSINESS OR INDUSTRY	SOUTH CAROL		USA	
13. FATHER'S NA	ROBERT Eva	ne	14. MOTHER'S MAIDEN	RGINIA		
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed Forces? (It yes, give wor or dotes of ser	251-12-3385	17. INFORMANT RECORD BALT 4940 EASTEL	IMORE CITY HO IN AVENUE BAL	SPITALS TIMORE MD. 21224	
(This does in heart foilure, injury or con	SE OR CONDITION DIRECTLY LEADING TO DEATH not meen the mode of dying, osthenio, etc. It meons the displication which coused deeth.) ANTECEDENT CAUSES		A CONSEQUENCE OF:	-a of to	race of Month	
rise Io Ih	OR CONDITIONS, if ony, is a constant of the co		A CONSEQUENCE OF:			
TO THE DEA	II FICANT CONDITIONS CONTRIBUTIONS TO THE TERM THE BUT NOT RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A).					
19A. DATE OF	F OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicot exominer	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DII ffice bldg., INJURY OCCUR	D (If in Soltime	ore City, give exact location)	
21D. TIME OF INJURY (APPROX.)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
22. I certify	that the (this haspital) attention (that the thick that the deceased alive	ded the deceased fram 9	1968 and	1908 to 3/	JANUARY 196P	
	d from the causes stated abo	· ·				
23A. SIGNATI			ending Med.	S toff Phys.	23B. DATE SIGNED 1/31/68	
23C.PHYSICIA	MAEL MCMILLAN	OFCORE		LTIMORE C	MD-	

24A. BURIAL CREMATION,

24C. NAME of CEMETERY OF CREMATORY

LOCATION (City, town, or county)

(Stote)

6 DEPT. 258. NAME OF REGISTRAR 8Y HEALTH ß. 196

S ADDRESS 1297 Carrling St 25C. FUNERAL DIRECTOR

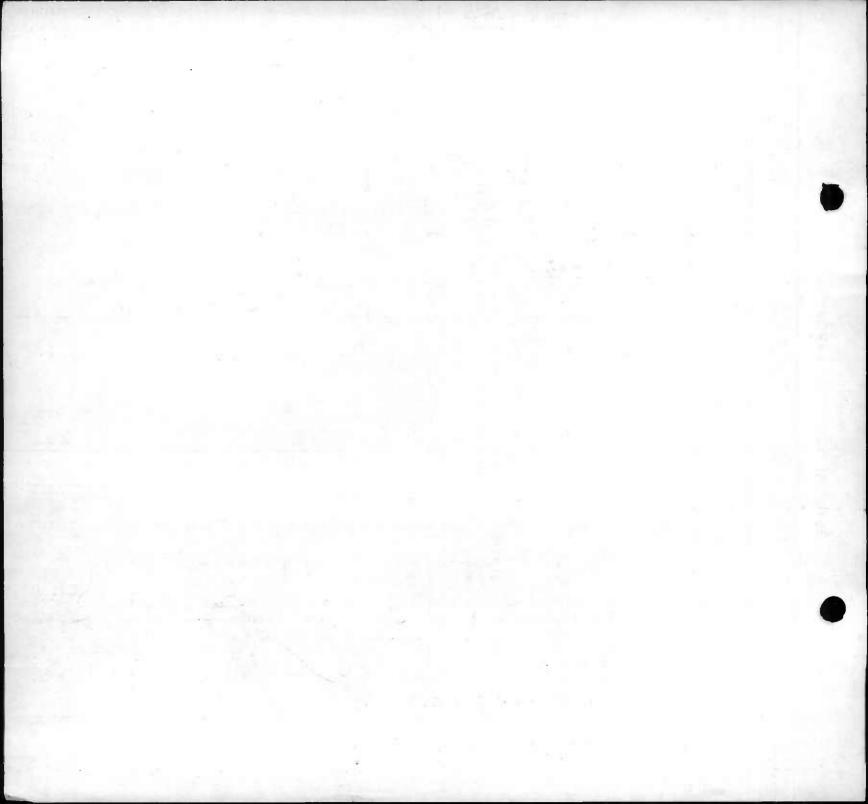
VS 150-REV. 1/1/68



1	7 7 68 1	201 BALTIMORE CITY	HEALTH DEPARTMENT		68- 1304	
PIPI	BIRTH NO. 68- 1304 CERTIFICATE OF DEATH REG. NO. 68- 1304					
1. N (Typ	AME OF DECEASED OF Printle William P	ishop	1/3	HOUR OF DEATH	11 15 Am.	
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PR	1	A. STATE B. COUN	e deceoseld lived. If in TY	stitution: residence before admission)	
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	BALTIMORE CITY H		BALT IMORE YES YES YES			
-	Baltimore, Maryl		1332 N. ELLWO	DD AVENUE -	21213	
S. S	0/1-7- 1/1	RIED NEVER MARRIED WED DIVORCED	B. DATE OF BIRTH	P. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
	USUAL OCCUPATION (Give kind of work 10 B. KIN a during most of working tile, even if retired)	D OF BUSINESS OR INDUSTRY	NORTH CAROL		U.S.A.	
13.	FATHER'S NAME	BISHOP (DEC'D)	14. MOTHER'S MAIDEN NAM	Markow	(DEC'D)	
1S. Yes	Wos Deceased Ever in U.S. Armed Forces? ,,no or unknown) (If yes, give wor or dotes of serv	rice) 1 6. SOCIAL SECURITY NO.			ore City Hospitals imore, Md. 21224	
ATION	injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A).	the (c)	A CONSEQUENCE OF:	dav Zyranov	odi .	
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED		NO NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CAL C	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)	
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Work At Work					
	22. I certify that (1) (this hospital) attended that (1) (we) lost sow the deceased alive	an 1126	1968 ond the	96 ta la	nion death accurred on the date	
	and hour and from the causes stated about 33. SIGNATURE 23C. PHYSICIAN'S NAME (Type) M. JAFFE	Atte Phys	nding Med. Director 23D. ADDRESS BALTIMO	Stoff Phys. CITY HOS	PITALS Lmore, Md. 21224	
	Burial AM31/18	4C. NAME OF CEMETERY OF CRI	Mem ach	Inheiter	ADDRESS (Stote)	
	150-REV. 1/1/6B	B C Talling	meter E	Elichea	1129 n. Carlaisi	

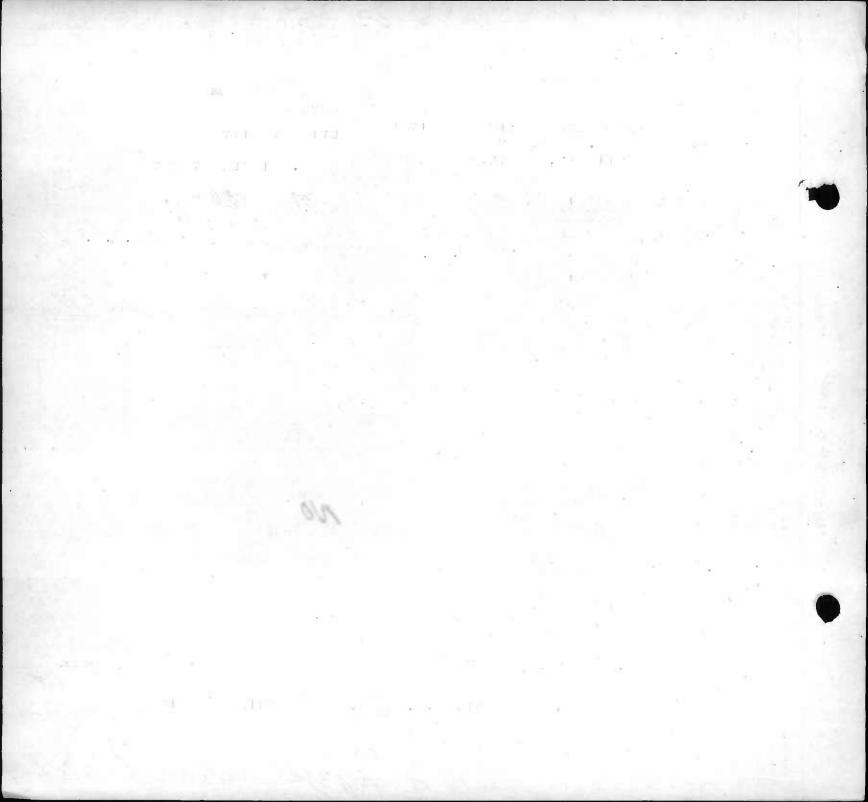
REG. NO CERTIFICATE OF DEATH pital and of death Deceased Such BIRTH NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) o hospital death. RESIDENCE (Where deceased fived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY A. STATE (5) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN (4) Undetermined cause; attend 0 YES [NO prior E. STREET AND NUMBER contributing made regular 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. S. SEX 6. RACE If Under 24 Hrs. · MARRIED NEVER MARRIED deceased lost birthdoy Hours WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work) 0B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even it retired) Was 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the On death kind; 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL 7. INFORMANT or final (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. attendance any CAUSE OF DEATH pronounced APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed o LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This daes not mean the made of dving, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the diseose, ular injury at camplication which caused death.) em ANTECEDENT CAUSES w ho 5 DUE TO, OR AS A CONSEQUENCE OF 0 are DISEASES OR CONDITIONS, if any, giving 3 the above cause (A) physician UNDERLYING CONDITION last. remains Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the 0 WAS PERFORMED before $\widehat{\mathbf{c}}$ the 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) where home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF hospital MEDICAL °Z DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While (except While At (APPROX.) Work At Work and to the any 22. I certify that (1) (this haspital) attended the deceased fram that (I) (we) lost saw the deceased alive an... and that in (my) (con) opinion dooth accurred on the date pe of hospital eath) and haur and from the causes stated abave. (1) (Wa) (did) (did not) view the bady after death. was released must 23 B. DATE SIGNED ਰ Attending \ Med. Staff 9 Phys. Director approval 0 23D. ADDRESS 23C. PHYSICIAN'S prior a NAME (Type! An ď DEGREE 24A. BURIAL CREMATION, CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased 0.0 the body REMOVAL (Specify) written shows: Was 2SC. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. W. NAME OF REGISTRAR ADDRESS B VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



R: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occuéred i	the body was released to the hospital by a medical examiner. Also, if the direct or contributing	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined ca	was D.O.A. at a hospital (except where the physician who pronounced death was in regular at	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior	written approved must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	oved by the chief medical examin	hospital by a medical examine	nature; (2) Body burns; (3) A frac	cept where the physician who p	ld (6) No physician was in regulo	rained hefore the remains are emp
	This certificate must be appr	the body was released to th	shows: (1) An accident of any	was D.O.A. at a hospital (ex	deceased prior to death); a	written annroval mist he oh

Uch	68- 1306 BALTIMORE CITY	HEALTH DEPARTMENT
D-F D D + G	BIRTH NO. CERTIFICA	TE OF DEATH
and eath ase th th	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
f d ece on h.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where Second lived. If institution: residence before admission)
hospit ise of (5) De ance death		A. STATE B. COUNTY
F & C B C	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
cau cau use; rend	THE JOHNS HOPKINS HOSPITAL 2 7 601 N. BROADWAY	BALTIMORE CITY YES XX NO
d in cau att	BALTIMORE, MARYLAND 21205	E. STREET AND NUMBER
fred led ar	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yi, If Under 24 Hrs.
tribut minec gular sed p	FEMALE NEGROLD WIDOWED DIVORCED	7/12/07 lost birthday Manths Days Hauis Min.
red red	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY dane during most of working life even if retired)	
or inde	Auslite	The martine M. Kree U.S.A.
if dect t) U was rhe posi	73. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
F 3	HENDRICKSON, FRANK 15. Wos Deceased Eyel in U. S. Armed Folicos? 16. SOCIAL	HARDLEY, HENRIETTA
star ind eat	15. Wos Deceased Ever in U. S. Armed Forcos? (Yes, na or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
SE 축구 P P P	18. CAUSE OF DEATH	William Cleary - 1600 E/Jells
is as any any nda	DISEASE OF CONDITION DIRECTLY	AFTROAMMATE INTERVAL BETWEEN ONSET AND DEATH
Also e of noun atte	LEADING TO DEATH	ise hor floor failing
50 - 5	heort failure, asthenio, etc. It means the disease,	CONSEQUENCE OF:
iner iner act pr ula	injury or camplicolian which caused death.) ANTECEDENT CAUSES	110
A fred	(B) / C	A CONSEQUENCE OF:
ex (3) (3) in s a	rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)	
dical dical nrns; rsicia was main	422.1	
edi edi bur hys	O THER SIGNIFICANT CONDITIONS CONTRIBUTING	
dy la cia	TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A). 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
chi Bo Bo th th siysi	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	///
the (2) ere o ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in OR CONTRIBUTING CAUSE OF hame, form, factory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
by pito	210. TIME (Month) (Day) (Yeor) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hose nature ept d (6)	While At Not While	e 🗖
b × × × F t	22. I certify that (W(this haspital) attended the deceased fram	Januar 23 1968 to Survey 2) 1968
an a	that (1) (we) last saw the deceased alive an Junuary	2) 19 / and that in (prf) (aux apinion death accurred an the date
t of t t of t ital	and haur and fram the causes stated above. (1) (We) (did) (did nat) v	
dent dent ospiri dea	23A. SIGNATURE	anding Med. Staff
J 0 .= E 0	Phys	s. Director Phys. // 2// -/
y was rely was rel (1) An acc 3.A. at a lod prior to approval	NAME (Type)	23D. ADDRESS
certificat sody was s: (1) An D.O.A. a ased pric	JOHN T. FLAHERTY, M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY of CRE	JOHNS HOPKINS HOSPITAL MATORY [24D. LOCATION (City, tawn, or county) (Stote)
F B O O O E	REMOVAL (Specify)	10 00 0 t md
	25A. DATE REC'D BY HEALTH DEPT. 425B. NAME OF REGISTRAR	See FUNERAL DIRECTOR APPRESS
This the lashov was dece	SEB 2 1968 R. O. & E Faluna	Break! Eliekson 1129 M. Cachinis
	VS 150-REV. 1/1/6B	



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	68- 1307 BALTIMORE CITY HE	EALTH DEPARTMENT	
m-245		CERTIFICATE OF DEATH REG. NO	68- 1377
- 1	1. NAME OF DECEASED (Type or Print) EURALEA MC CLINTON	2. DATE Known Month Doy OF DEATH Estimoted D January 28, 19	Year Hour
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy	Yeor Hour
42	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	January 28, 196 5. USUAL RESIDENCE (Where deceased lived. If institution: res	- 783
91	Sinai Hospital (DOA)	A. STATE Maryland B. COUNTY	100
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN Baltimore D. INSIDE CITYT	
	9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months; Doys; Hours; Min.	E. STREET AND NUMBER	NO L
	Sept 2, 1933 34 !!!	119 S. Exeter Street	
	11. BYRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
	14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done dugling most of working life even if retired)	19 15. MOTHER'S MAIDEN NAME Volume	DECEMBER 1
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	Mays Mc Clinton 19	S, Exster St
	19. 412.0 I CAUSE OF DEA	ATH /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ensive cardiovascular disease	
	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
	injury or complication which coused death.)		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	R AS A CONSEQUENCE OF:	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
	CO CO		
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21	. AUTOPSY? (Yes or No)
			No
	22B. PLACE OF INJURY (e.g. home, farm, foctory, street, offi	., in or obout 22C. WHERE DID (If in Baltimore City, give exact lo ice bldg., etc.) INJURY OCCUR?	ocotion)
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED		
	(APPROV.)	WORK	
		utopsy ond that on this basis, death in my opi	nion
	resulted from: Notural couses X Accident Suici	ide Homicide Undetermined monner CHIEF MEDICAL EXAMINER	
	SIGNATURE Charl S. J. Jan. M.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Charles S. Springate, M.D.		ary 29, 1968
	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, town, or	County) (Stote)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	1 0
	EEB 2 1968 Robert E. Farkey	milton & Elekeon 110	29 M. Carlans
	VS 151-REV. 1/1/68	₹ ,	

nor di serve medicale ava antanggi d

Such the Deceased death

death.

0

a hospital Jo

(2) Cause

BIRTH NO

I. NAME OF DECEASED (Type or Print)

FULL NAME OF HOSPITAL OR INSTITUTION

FEMALE

(APPROX.)

23A. SIGNATUR

23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION.

25A, DATE

VS 150-REV. 1/1/6B

REMOVAL (Specify)

REC'D BY

JOHN

HEALTH DEPT.

24B, DATE

0

approval

deceased prior written approv

was D.O.A.

shows: (1)

THE

IOA. USUAL OCCUPATION

3. PLACE IN BALTIMORE A

ADD

JOHNS

6. RACE

N

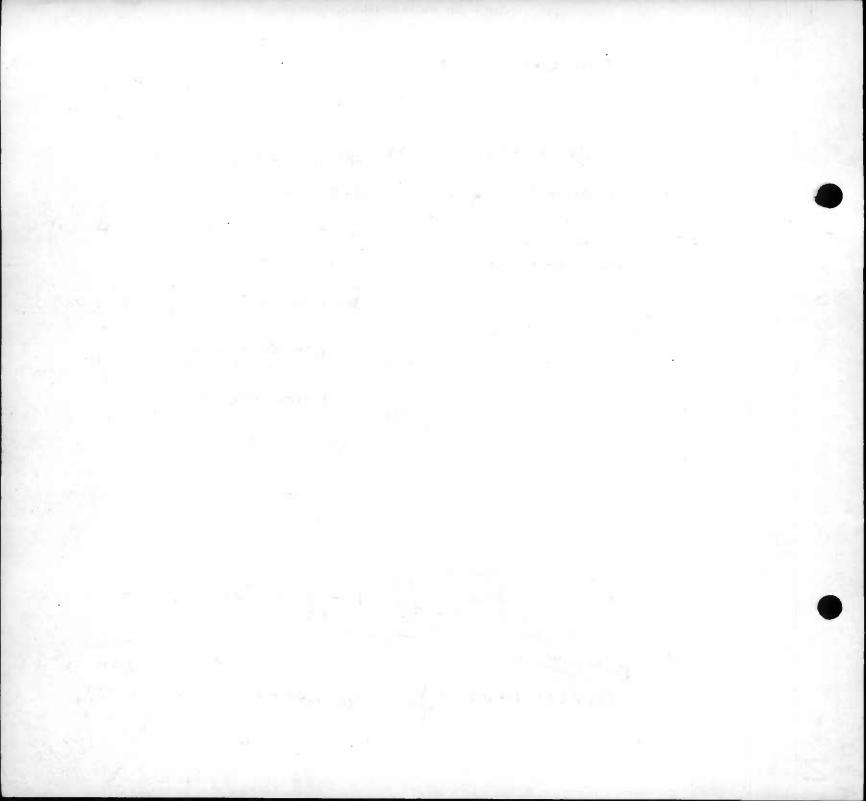
68 1200	HEALTH DEPARTMENT TE OF DEATH REG. NO. 68- 1308
Mary Ferguson	2. DATE AND HOUR OF DEATH Lancing 23,1964 95PM.
OT IN HOSPITAL OR INSTITUTION, GIVE STREET RESS OR LOCATION) HOPKINS HOSPITAL	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN BALTIMORE, MARYLANDES NO E. STREET AND NUMBER 1436 E. MONUMENT ST.
E G R O WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FERGUSON	14. MOTHER'S MAIDEN NAME LUCY WILLIAMS
s. Armed Forces? ve war or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
The mode of dying, e.g., etc. II means the disease.	ual Failure & Chenia
OITIONS, if any, giving DUE TO, OR AS couse (A) stoling the TION last.	A CONSEQUENCE OF:

ALONZO 15. Was Deceased Ever in U (Yes, no or unknown) (If yes, g DISEASE OR CO LEADING (This does not meon heart failure, osthenia, injury or complication ANTECED DISEASES OR COND the abave UNDERLYING CONDI 260 X ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY

(Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While Work At Work dullan 22. I certify that (1) (this haspital) attended the degeased fram ond that In (my) (aut) opinion death accurred an the date that (1) (we) last sow the deceased alive on and hour and from the causes stated above. (F (We) (did) (did not) view the body after death. 23B. DATE/SIGNED Attending Med. Director L Phys. 23 D. ADDRESS THE JOHNS HOPKINS FHLARETY HOSPITAL GEGREE 24C. NAME of CEMETERY OF CREMATORY (State) LOCATION (City, town, or county) ADDRESS 25B. NAMÉ OF REGISTRAR 25C. FUNERAL DIRECTOR

T T

July 1 manufactures of the second



	00	101	BALTIMORE CITY	HEALTH DEPARTMENT		
	00-	131	CERTIFICA	TE OF DEATH	REG. NO	-68-1310
BIRTH NO.	FACED				AND HOUR OF DEATH	
(Type or Print)		d			uary 28, 19	
	Walter Gr					nstitution: residence before admirsion)
3. PLACE IN BAL	TIMORE, MARYLAND, WH	ERE PRONOL	INCED DEAD	A. STATE B. COL	JNTY	astitution: residence before doministrin
FULL NAME OF	(IF NOT IN HOSPITAL	L OR INSTITU	JTION, GIVE STREET	Maryland	and the same	1007
HOSPITAL OR	ADDRESS OR LOCAT	ION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
20				Baltimore		YES X NO
39	Provident	Hospit	tal, Inc.	E. STREET AND NUMBER		
				2504 Frede	rick Avenue	
5. SEX	6. RACE 7	. MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. tf Under 24 Hrs. Months Doys Hours Min.
Male	Negro		= =	8-8-26	last birthday)	Months Doys Hours Min.
		WIDOWED			-	
	working life, even if retired)	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
		Armco	Steel	Pennsylvani	La	U.S.A.
13. FATHER'S NA	ME	()		14. MOTHER'S MAIDEN N	AME	
	11/0000	4	10 - 1 -	Hone		
15 W D	Ever in U. S. Armed Force	20 /W	nagy	17. INFORMANT	_	ADDRESS
(Yes, no or unknown	(If yes, give wor or dates	of service)	SECURITY NO.			
•			722-218-5952	Mrs. Edith	Grady - Wit	fe SAME
1B.	2.0		CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRE	CTLY		rin.		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	1 Menit		210/6
	nal mean the mode of			A CONSEQUENCE OF:		
	asthenia, etc. It means to application which caused o		,)		- 11	1-1
	ANTECEDENT CAUSES		11011	1 0 mag	true Henry	Failure 2 42.
			(B)	A CONSEQUENCE OF:	1000	and 2 / D
	OR CONDITIONS, if a e abave cause (A) :		DUE TO, OR AS	A CONSEQUENCE OF:		0
	G CONDITION last,	alding me	(c)			
4437	ν 11					
	FICANT CONDITIONS CON	TRIBUTING				
	TH BUT NOT RELATED TO THE					
U 19A. DATE OF	POPERATION 1198, COND	ITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED
19A.DATE OF	WAS PERFO	DRMED			IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING TO	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct location)
OR CONTRIB	UTING CAUSE OF medical examiner	hom etc.)	e, farm, factory, street, o	fice bldg., INJURY OCCUR?		
U		(11) 000		018 412 412		
OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
< (APPROX.)		Wo	ite At Nat Whil	e 🔲		
22. 1 certify	that (1) (this haspital)	attended ti	he deceased from Dec	cember 28,	19 67 to Janu	lary 28, 1968
that (1) () last saw the deceased	l alive on	January 28.	6X		Inian death accurred an the date
						man death accurred an the date
	/ /	d abave.) (We) (did) (did nat) v	iew the bady after death	1.	
23A. SIGNATI	URE (/) . /	(1		s. " —	23B, DATE SIGNED
	1 Leah	V Co	under BEGREE Phy	mding Med. Director	Staff Phys.	1-29-69
23C. PHYSICIA	ANS		DEGREE	23D. ADDRESS		

23C. PHYSICIAN'S
NAME (Type)

Elijah Saunders, M.D. DEGREE

23D. ADDRESS

BURIAL CREMATION, 24B. DATE

24A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/6B

23D. ADDRESS

Attending Phys.

23D. ADDRESS

24D. LOCATION

(City, town, or county)

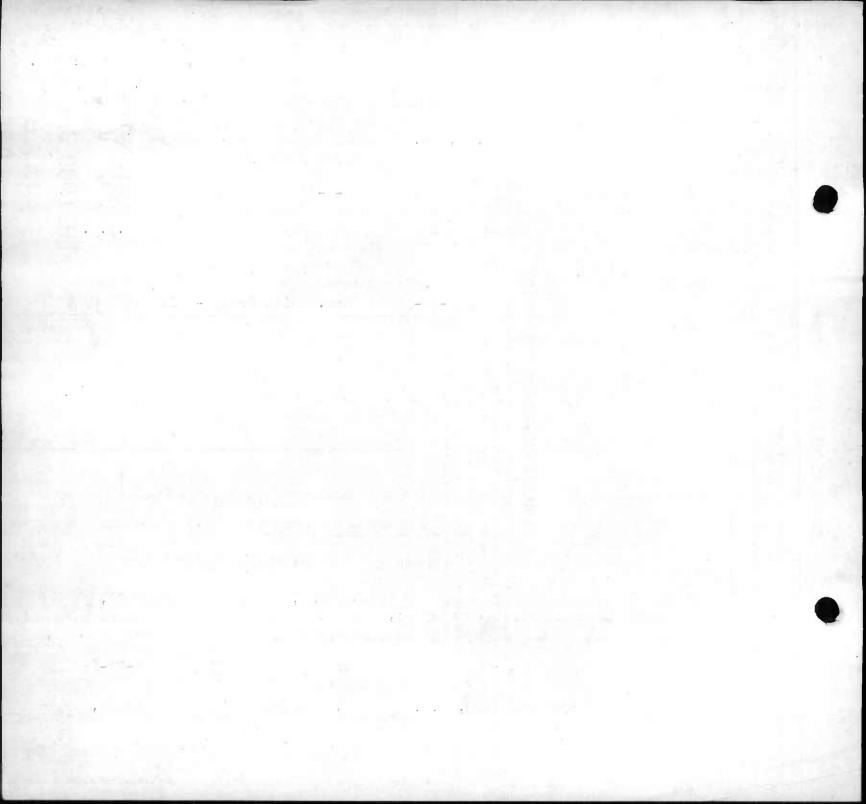
(Stock)

ADDRESS

ADDRESS

WILLIAMS

VS 150-REV. 1/1/6B

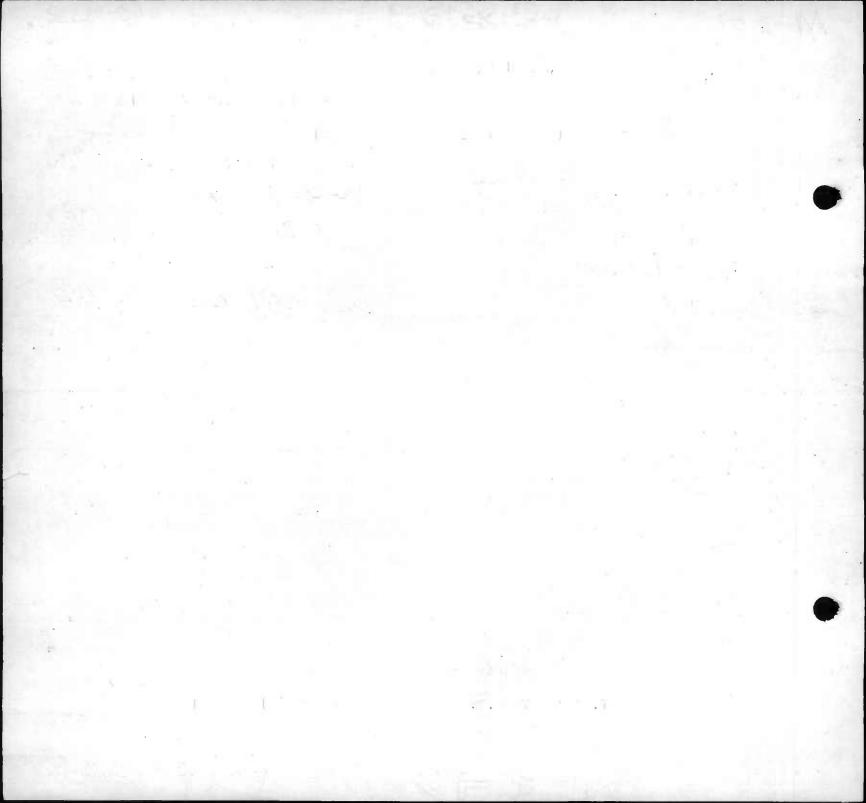


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

	11200 00 16	BALTIMORE CITY	HEALTH DEPARTMENT		00 4044
1	N-300 68-13	CERTIFICA	TE OF DEATH	REG. NO	68- 1311
	RTH NO.	CERTITION			
	pe or James White		2/1/		2:30 P.M. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	I A. STATE B. COUN	e deceased lived. If is TY	Mitytion: residence before domission)
HC	OLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	ID INE	IDE CITY LIMITS?
1	STITUTION		Baltimore	D. 11431	YES X NO
	Lincoln Memorial Nursing		E. STREET AND NUMBER		
	Baltimore, Maryla	na	1820 Madiso		
		RIED NEVER MARRIED WED DIVORCED		9. AGE (In yeors lost birthdoy) 65	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
			Virginia		U.S.A.
13.	Unknown		Unknown	AE	
1 S. (Ye:	Was Deceased Ever in U. S. Armed Forces?	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	227-10-1236	Mary Robinso	n 1316	Carey St.
	1B.	CAUSE OF DEAT			APPROXIMATE INTERVAL
Z	DISEASES OR CONDITIONS, if ony, ginse to the obove couse (A) stoling UNDERLYING CONDITION lost. 1	(C)	A CONSEQUENCE OF:		
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		**********************	
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact location
MEDI	21 D. TIME (Month) (Dov) (Year) (Hourt	21E, INJURY OCCURRED While At Not Whi Work At Work		URY OCCUR?	
	22. I certify that (I) (this haspital) attend	led the deceosed from	1/31	1968 102/1	1968
	that (I) (we) last sow the deceased alive	on 2/1	19.68 and the	ot in(my) (our) apl	nion death accurred on the date
	and hour and from the causes stated about	ve. (I) (We) (did (did not)	view the bady ofter deoth.		
	23A. SIGNATURE	0	anding CD - Med CD	Shell [23B. DATE SIGNED
	Leer Home	DEGREE Phy		Staff Phys.	2/1/68
	23C. PHYSICIAN'S NAME (Type)	EUHALINE DEGREE	23D. ADDRESS	ENNISON	As Prace
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (C	ity, town, or county) (State)
254	A. DATE REC'D ST HEALTH DEPT 258 NA	M. Auburn	2SG, FUNERAL DIRECTOR	Balto.	Md.
	FEB 2 1968 Role 15 8	, tarbayan	Kelson Funeral	Home 134	8 Calhoun St.
VS	1SO-REV. 1/1/6B				



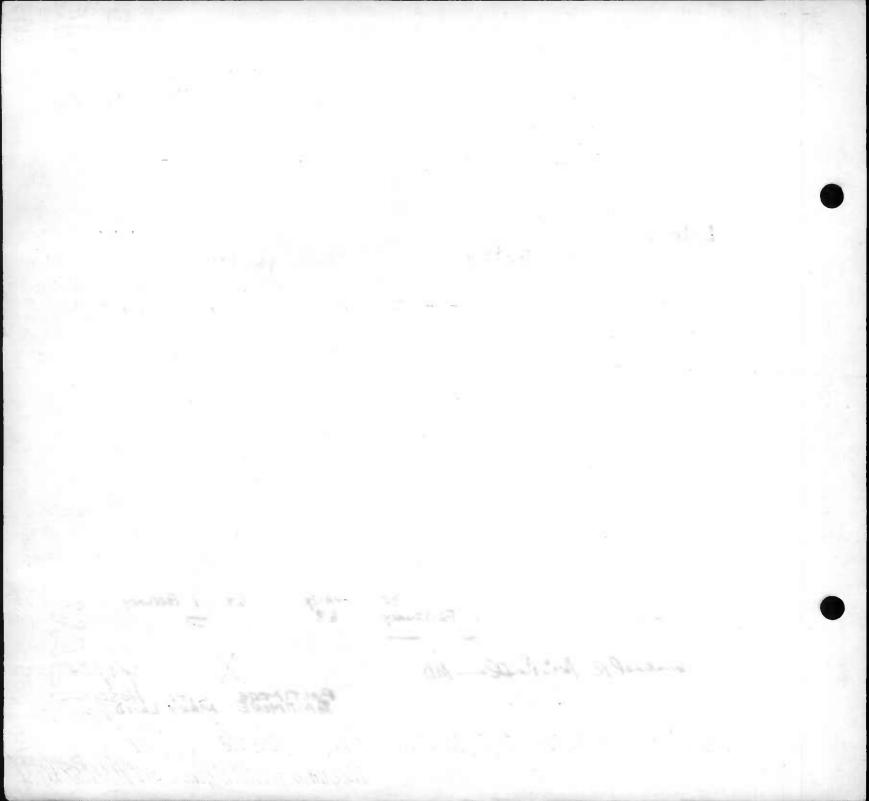
GR 4	DA O BALTIMORE CITY	HEALTH DEPARTMENT		68- 1312
00 1	312 CERTIFICA	TE OF DEATH	REG. NO.	1010
BIRTH NO.	CERTITICA	TE OF BEATTI		
1. NAME OF DECEASED (Type or Print)		2. DATE AN	D HOUR OF DEATH	130
MUSE, LUCI	LLE	1/3	31/08	4 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed tived. If insti	tution: residence before odmission
	-11-12 Low-	MARYLAND		TIMORE
FULL NAME OF (IF NOT IN HOSPITAL OR IF HOSPITAL OR ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR TOWN		
INSTITUTION			The same of the sa	CITY LIMITS?
22 THE JOHNS HOPKINS HOS	PITAL	BALTIMORE	0 0	(ES/X)
		E. STREET AND NUMBER		
		1833 NORTH	PATTERSON PA	ARK AVENUE
5. SEX 6. RACE 7. MAR	RIEDXX NEVER MARRIED			If Under 1 Yr. If Under 24 Hr Months: Doys Hours: Min.
FEMALE NEGRO WIDO	WED DIVORCED TO	8-18-19	LL X	violitis, boys inouts in the contract of the c
OA, USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired)		n 1		
Laundres		1.0		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
CHARLES JAMES		DETTY CDE	CNE	
	14 000111	BETTY GRE		ADDRESS
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	Blosse Rotert.	- 11 1 A	ADDRESS
NO		Blosse Roter.	1612 NW	very with
18. A 164 V :	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OF COMPLETON PIPECELY	7,	1	11	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	wols.	while Den Tone	al luttice	long
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	JSE		
heort foilure, osthenio, etc. It meons the dis-		A CONSEQUENCE OF:		
injury or complication which coused death.)	('	Missmania	Centron	
ANTECEDENT CAUSES	Jeveo	- Hood off	Commen	
DISEASES OR CONDITIONS, if any, a	iving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above couse (A) stoling				
UNDERLYING CONDITION lost.	(c)			
0111				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
U 19 A. DATE OF OPERATION 198, CONDITION		20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED
WAS PERFORMED		YES	IN CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
O DEATH (notify medical examiner)	erc.,			
21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
171110747	Work At Work	-1	0	
22. I certify that (1) (this hospital) attend	//	0 0	10 10	milay 3/ 1968
that (1) (we) lost saw the deceosed alive	an Menuau	31 19 60 and the	at in (my) (aud opini	on death occurred on the de
	// -			
and haur and fram the couses stated oba-	ve. (me) (did) (did not)	view the body offer deoth.		
23A. SIGNATURE	111			3B, DATE SIGNED
Man. No	DL.	ending Med. Director	Staff Phys.	1/5//60
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		///
23C. PHYSICIAN'S NAME Typel	M D		C HOCDITAL	
JOHN T. FLAHERTY	DEGREE		S HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. Le	OCATION (City.	town, or county) (Stote)
3/12/1/3/68	MT. Dalran	1	a Coun	ly, me
25A, DATE REC'D BY HEALTH DEPT. 25B, NA	MAE OF PECISTRAD	25C. FUNERAL DIRECTOR	1	ADDRESS /
258. NA	ME OF REGISTRAR	23C. FUNERAL DIRECTOR	1 1=00	15. Pa 1 1 16 1
550 0 1000 A	RO TAD US	1001.0.10	C1. X 1204	H Centra GT
VS 150-REV. 1/1/68 2 1988 1	at E. Falleye	10-41-8-10	ch. x 1304	I Centre 157



51-05-35

IW

D 21/	00 40	BALTIMORE CITY	HEALTH DEPARTMENT		00 4949
5-24	b 68- 13	CERTIFICA	TE OF DEATH	REG. NO	68- 1313
NAME OF DECEASED	HAYWOOD BA	TTLE		D HOUR OF DEATH	
Tune or Booth	YWOOD !	307716	1. 6	RUARY 1968	
	MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived, If i	institution; residence actore admission)
FULL NAME OF (IF	NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND B. COUNT		1-01
INSTITUTION BA	LTIMORE CITY H	OSPITALS	BALTIMORE	Ď. IN	YES X NO
43	40 Eastern Ave ltimore, Maryl		1010 W. FAYE	TTE STREET	- 21223
MALE 6. RAC	NEGRO VIDOV	ED NEVER MARRIED X		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Lorboner			NORTH CAROL		U.S.A.
3. FATHER'S NAME	columbus Ba	ttle	MINNIE PA	octor	
5. Wos Deceosed Ever in Yes, no or unknown) (If yes	U. S. Armed Forces? , give wor or dotes of serving	16. SOCIAL SECURITY NO. 217-03-4,217A			re City Mospitals 21224
heort failure, asthem injury or complication ANTEC DISEASES OR COmise to the about th	II CONDITIONS CONTRIBUTIT NOT RELATED TO THE TERMIN ON GIVEN IN PART 1 (A).	(B) Wide of DUE TO, OR AS the (C)	SEC aremon a A CONSEQUENCE OF: A CONSEQUENCE OF:	tastases (
19A. DATE OF OPERA	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? VES
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimo	ore City, give exoct location)
-	n) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED While At Not Whill Work At Work	21F. HOW DID INJU	JRY OCCUR?	
that (1) (25) lost s) (this heaptral) attended aw the deceased alive of the couses stated obove	l god.	19 68" and the	9 68 to 6	inlon death occurred an the dote
23A. SIGNATURE	PR Mis Mis	Pa_MA_Atte		Staff Phys.	238, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	chael R. McMil	/ VENEGREE	23D. ADDRESS 4940 Eas	stern Avenu	· Madesan
4A. BURIAL CREMATION REMOVAL (Specify)	Q/3/1968 246	NAME & CEMETERY OF CRE	MATORY 24D. LC	CATION	City lown or county) (State)
EEB 2	1968 Release	E. Farbeyna	Milliams Yun	Malfine	3199/ Schlox 84/4

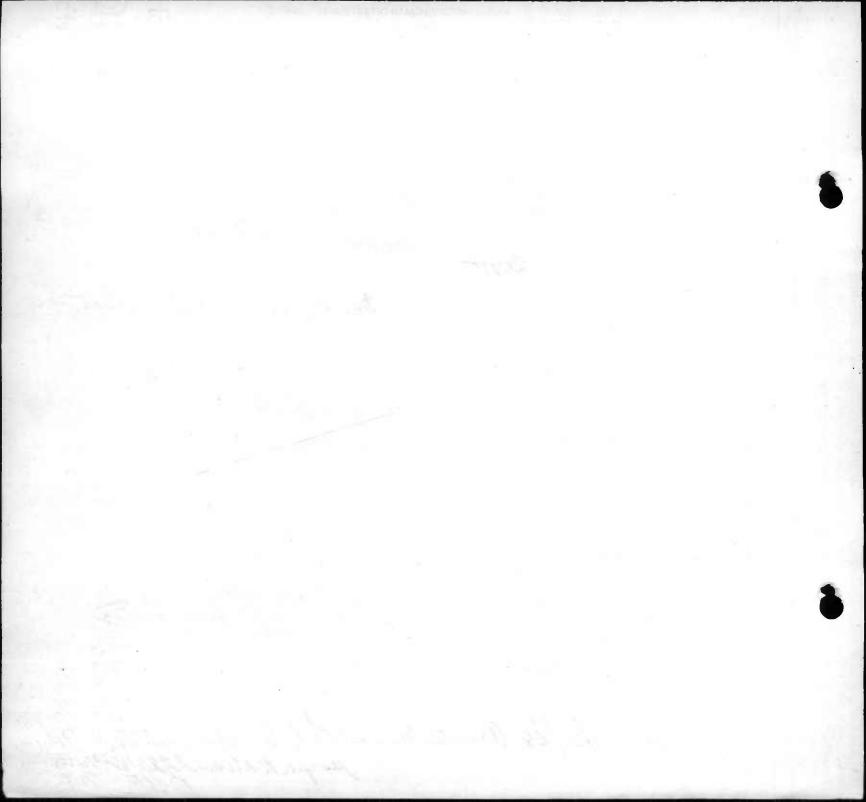


Pe or Print) GC	ACED				
GC				TE AND HOUR OF DEA	
	ODMAN, Frank NMD			-2768	12:40 P
ILL NAME OF	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	A. STATE B. Maryland C. CITY OR TOWN	COUNTY	If institution: residence before odmission INSIDE CITY LIMITS?
3 390	erans Administra O Loch Raven Bou	llevard	Baltimore E. STREET AND NUM		YES NO NO
	timore, Maryland		1413 W. Fa		If Under 1 Yr., If Under 24 Hrs
Male	Negro WIDO	RRIED X NEVER MARRIED DWED DIVORCED	5-4-97	9. AGE (In years lost birthdoy) 70	Months Doys Hours Min.
	PATION (Give kind of work 108, KI orking life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR
Laborer			Maryland		U. S. A.
FATHER'S NAM	\E	1	14. MOTHER'S MAIDE	NAME	
George Go			Mary Venie		
Yes Deceased is, no or unknown)	Ever in U. S. Armed Forces? (If yes, give wor or dotes of se			ecords ., Md 21218	ADDRESS
18. / /	10-20-311 00 1-7-	CAUSE OF DEAT		,,	APPROXIMATE INTERVAL
DISEASES O	plication which caused death. INTECEDENT CAUSES R CONDITIONS, if ony,	giving (B)	A CONSEQUENCE OF:	and myocardi	.un
UNDERLYING 163 OTHER SIGNIFI TO THE DEATH DISEASE OR CO	abave couse (A) staling CONDITION lost.	(C)		bolus to Righ	
UNDERLYING 163 OTHER SIGNIFI TO THE DEATH DISEASE OR CO	CONDITION lost. II CANT CONDITIONS CONTRIBUTED TO THE TERM	(C)	Pulmonary em	s or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
UN DERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. A CCIDEN OR CONTRIBUTE DEATH (notify)	CONDITION lost. CANT CONDITIONS CONTRIBU BUT NOT RELATED TO THE TERM DIDITION GIVEN IN PART 1 (A). OPERATION 198. CONDITION	(C)	20A. AUTOPSY? (Yes	S OT NO) 208. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED
UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN	CONDITION lost. II CANT CONDITIONS CONTRIBUE BUT NOT RELATED TO THE TERM DNDITION GIVEN IN PART 1 (A) OPERATION 198. CONDITION WAS PERFORME IT WAS UNDERLYING 1 TING CAUSE OF	(C)	20A. AUTOPSY? (Yes	S OT NO) 208. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Yes imore City, give exect location)
OTHER SIGNIFI TO THE DEATH DISEASE OR CC 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (\$\mathbb{X}\$(we) and haur and	CONDITION lost.	(C)	20A. AUTOPSY? (Yes	DID (If in Bolicur? ID INJURY OCCUR? 19 67 ta Janda that in 1864) (aur)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Yes Timore City, give exoct location)
UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. A CCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (\$\mathbf{X}\$ (we) and haur and 23A. SIGNATURE)	CONDITION lost. II CANT CONDITIONS CONTRIBULATION BUT NOT RELATED TO THE TERM ON THE TERM ON THE TERM ON THE TERM ON THE TERM OF THE TER	TING AINAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While A1 Not While A1 Work Anded the deceased from Decare on January 27, ave. 10 (We) (did) 1000000000000000000000000000000000000	20 A. AUTOPSY? (Yes In or obout 21 C. WHERE ffice bidg., INJURY OCC 21 F. HOW D cember 6. 19 68 view the bady after d anding Med. Director	DID (If in Bolicur? ID INJURY OCCUR? 19 67 ta Jana data in 1000) (aur) Leath.	causes of DEATH? Yes limore City, give exact location anuary 27 19 68 apinian death accurred an the da
OTHER SIGNIFI TO THE DEATH DISEASE OR CC 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (\$\mathbb{X}\$(we) and haur and	CONDITION lost. II CANT CONDITIONS CONTRIBUT BUT NOT RELATED TO THE TERM DINDITION GIVEN IN PART 1 (A) OPERATION 198. CONDITION WAS PERFORME IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year) (House that 10 (this haspital) after last saw the deceased all was from the causes stated above.	TING AINAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., index of the control	20A. AUTOPSY? (Yes	DID (If in Bolicur? ID INJURY OCCUR? 19 67 to Jand that in Say) (aur) leath. Shaff Phys.	CAUSES OF DEATH? Yes Itimore City, give exact location anuary 27 19 68 apinian death accurred an the da

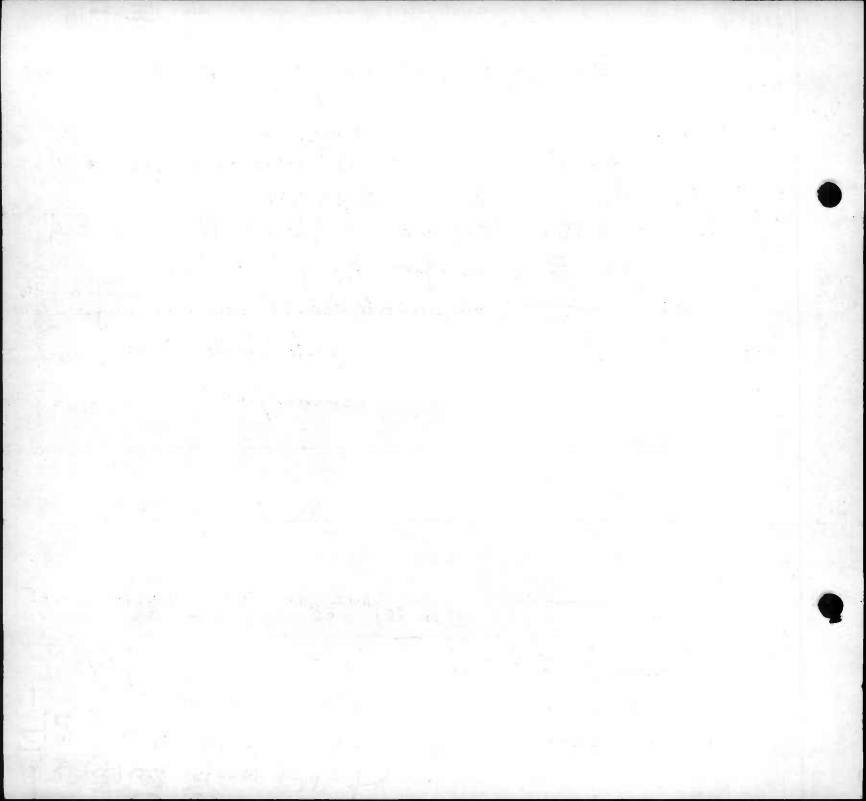
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		BALTIMORE CITY	HEALTH DEPARTMENT	00_	4945
	68- 1315	CERTIFICA	TE OF DEATH	reg. No. 68-	1313
-	NAME OF DECEASED	FFIE INE		D HOUR OF DEATH	8-45 P.M. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROI	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If institutions	: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE CITY	(11ML25)
1.0	LUTHERAN		BALTIMORE	YES P	
1.44	HOSPITAL		E. STREET AND NUMBER	(/	21
0	OF MARYLAND		DUKELAND	ST. 1501	· - 1/.
3	FEMALE COLOURED WIDOW			ost birthday) 7. AGE (In yeors ost birthday) 7. AGE (In yeors ost on the Month	der 1 Yr. If Under 24 Hrs.
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life, even if retired) HOUSEWIFF	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		TIZEN OF WHAT COUNTRY?
-	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
•	50	off			
	S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service	e) 6. SOCIAL SECURITY NO.	My. Regina C	amphell 211	address Chipton live.
	18. 4868	CAUSE OF DEAT	Н	1	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Respirato	a Failura.	
	(This does not mean the mode of dying, e		A CONSEQUENCE OF:	-	
	heart failure, asthenia, etc. It meons the diseo injury or complication which caused deoth.)	se,			
	ANTECEDENT CAUSES	in Page	mania d ch	rouic brau	
	DISEASES OR CONDITIONS, if ony, give	_	A CONSEQUENCE OF:	***	
	rise to the obove couse (A) stating UNDERLYING CONDITION last.	(c) Sy	ndrome		**********************************
	493X II	0			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (a). 199. DATE OF OPERATION 198. CONDITION FO WAS PERFORMED	IG Al	- Berlinsen		
	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	208. IF YES WERE FINDING	GS CONSIDERED
	WAS PERFORMED	, men e. Ekanon		208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEATH?
	O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City, s	give exact locotion)
		21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	OF INJURY (APPROX.)	While At Work Not While At Work			
	22. I certify that (I) (this haspital) attende		1/10/68 1	9 ta 1/2	7/68.19
	that (1) [wer last saw the deceased alive a	1/27/6	819 and the		eath accurred an the date
	and haur and from the causes stated above	. (I) (War) (did) (dialament)	view the bady after death.	028 0	ATE SIGNED
	23A. SIGNATURE	DO: D- AH	ending Med.		1/27/68
	23C. PHYSICIAN'S	DEGREE Phy	s. Director 23D. ADDRESS	Staff Phys.	121100
		HI MD	730 ASHBU	RTON ST BA	LTIMORE
	24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CR	EMATORY 6 24D LC	CATION ICHY, town	n, or county) (State)
	2SA. DATE REC'D BY HEALTH DEPT. 25B, NAM	LE OF REGISTRAL	25C. FUNERAL DIRECTOR	Mysel 3298	My Monthelas
	VS 150-REV. 1/1/6B	0 -, 10000, -1	merpah"	Billi	ml



	BALTIMORE CITY HEALTH DEPARTMENT ACCORDANGE OF DEATH REG NO. 68-1316
BIRTH NO. 68- 13	16 CERTIFICATE OF DEATH REG. NO. 00 103.00
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Occhs	0 1 Scho ten Jan 30-681 11:30A
3. PLACE IN BALTIMORE, MARYLAND, WHE	F PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
V	A. STATE
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET N) C CITY OR TOWN D INSIDE CITY LIMITS?
NSTITUTION	
HOOLY HILL A	Jurshing Homa Kingsville YES NOW
91	E. STREET AND NUMBER
531 5+21	venson hand Gostfner I'd. Kingsville Mid
6. RACE 7.	MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years () If Under 1 Yr., If Under 24 Hrs.
MA I MILL	MARKIED NEVER MARKIED Sort H 1881 lost birthdoyl Months Doys Hours Min.
	KIND OF BUSINESS OR INDUSTRY 11. BTATHPLACE-Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	OI: 1 BIL MI (ICA
Mill Worker Beth Stoy	17etipod 100110. 1110. U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
bacile F	Schooler Many Saluton
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of	
NO -	- Alzog1105 A Michael t. Schaeten Kingsvillo M
18.440.9	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	
LEADING TO DEATH	(A) IMMEDIATE CAUSE COUSE CARMAC VOLUME
(This does not meon the made of dy	ing, e.g., DUE TO, OR AS A CONSEQUENCE OF:
heart failure, osthenio, etc. It means the injury or complication which coused dec	alh.)
ANTECEDENT CAUSES	(Interiosoferosis
	(B)
DISEASES OR CONDITIONS, if only, rise to the obove couse (A) sto	99
UNDERLYING CONDITION last.	(c)
- 450,0 II	
O OTHER SIGNIFICANT CONDITIONS CONTR	
TO THE DEATH BUT NOT RELATED TO THE T	
19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
E O	NO III CANALITY OF STATE
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?
▼ DEATH (notify medical examiner)	etc.)
O 21 D. TIME (Month) (Doy) (Year) (H	10uit 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
OF INJURY	While At - Not While -
(APPROX.)	Work At Work
22. I certify that (I) (this haspital) o	ttended the deceased from MCE 1967 to Mr. 30 19 88
that (1) (we) lost saw the deceased a	
/	
	obove. (I) (We) (Aid) (did not) view the body ofter death.
23A SIGNATURE	A Martin T Mad T Shift T
Mureuce - los	Attending Phys. Staff Phys.
23 C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
LAURENICE.	POST 6805 YORK ROAD
MAUNEW CC	24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
24A. SURIAL CREMATION 248 DATE	
24A. BURIAL CREMATION, 24B. DATE	
	Moneland Park TaxbrAve Bolto. Md.
Buhlal 2-2-68	
Buhlal 2-2-68	Moneland Park TaxbrAVa Balto. Md.



REG. NO. CERTIFICATE OF DEATH death occurred in a hospital and t or contributing cause of death Undetermined cause; (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 JAN 1968 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance HARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 BALTIMORE 21202 YESVIX NO CHURCH HOME HOSPITAL prior E. STREET AND NUMBER 127 . S. EXETER ST made. regular S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 7. MARRIED NEVER MARRIED If Under 24 Hrs. deceased ost birthdoy -13 WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) HONE MAKER SD M 13. FATHER'S NAME the (4) or his assistant if Nicholas Radanovich Not Known death 0 15. Was Deceased Ever in U. S, Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mr. Stephen Celich (son) attendance 3-14-8827A Ave Beltimore Md no Fairmount any 0 CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, regular injury ar camplication which coused death.) ANTECEDENT CAUSES who be obtained before the remains are DISEASES OR CONDITIONS, if any, giving ta the obave couse (A) stoting the physician UNDERLYING CONDITION lost, chief medical **M** dS medical burns; 5-27. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED the o WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? the 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (5) 21B. PLACE OF INJURY (e.g., in or obout 21 . WHERE DID (If In Boltimore City, give exact location) where home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital DEATH (notify medical examiner) nature; MED! (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 9 21E. INJURY OCCURRED OF INJURY approved Not While (except While At (APPROX.) and At Work any 22, I certify that (N) (this hospital) attended the deceased from 1 - 16 1968 10 30 30 - 1968 and that in (my) (our) opinion death occurred on the date death); that N (we) lost sow the deceased alive on _______ hospital and hour and from the causes stated above. (The (We) (did) (tit not) view the body after death. the body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED must Attending [0 approval Director 0 23C. PHYSICIAN'S deceased prior NAME (Type 23D. ADDRESS certificate to o D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (Stole) REMOVAL (Specify) Burial Feb. 2.1968 Holy Cross Cemetery Harrisburg, Was HENRY SANDER Baltimore M 25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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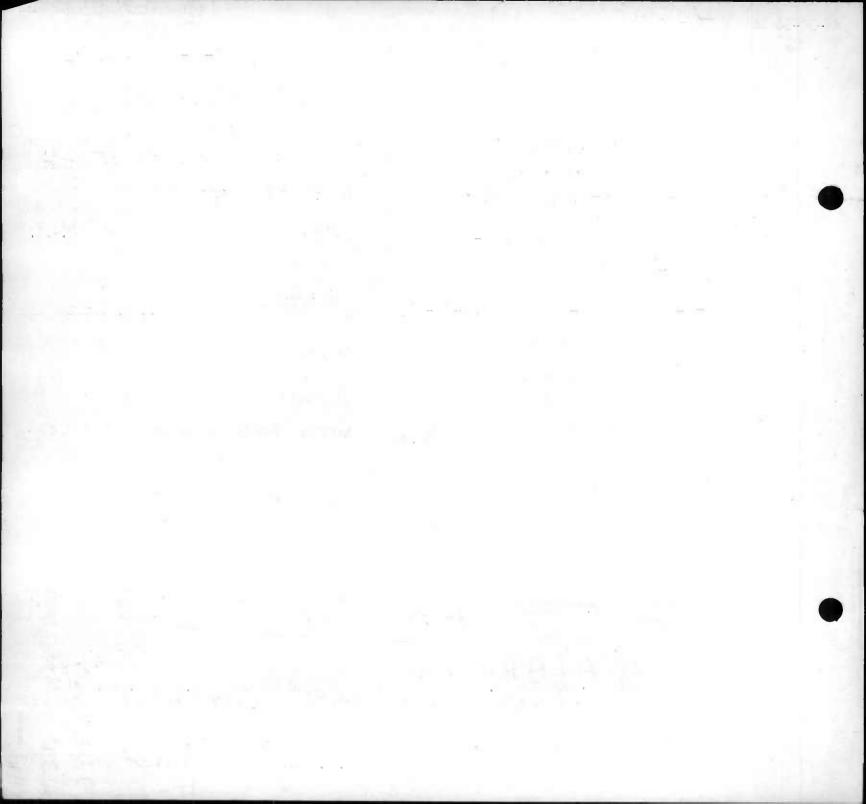
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made isposition is O final 0 balmed em are remains the must approval 24A. BURIAL CREMATION, 24B. DATE (City, Xo Xo X of Xo Yo X) 24D. LOCATION (State) REMOVAL (Specify) Maryland ′3/68 St. Stanislaus Baltimore, EASTERN 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR M.F. SADOWSKI & SONS, 1808 AVE VS 150-REV, 1/1/6B



25C. FUNERAL DIRECTOR

ADDRESS

MORTON & DYETT F.H. 1701 Laurens St

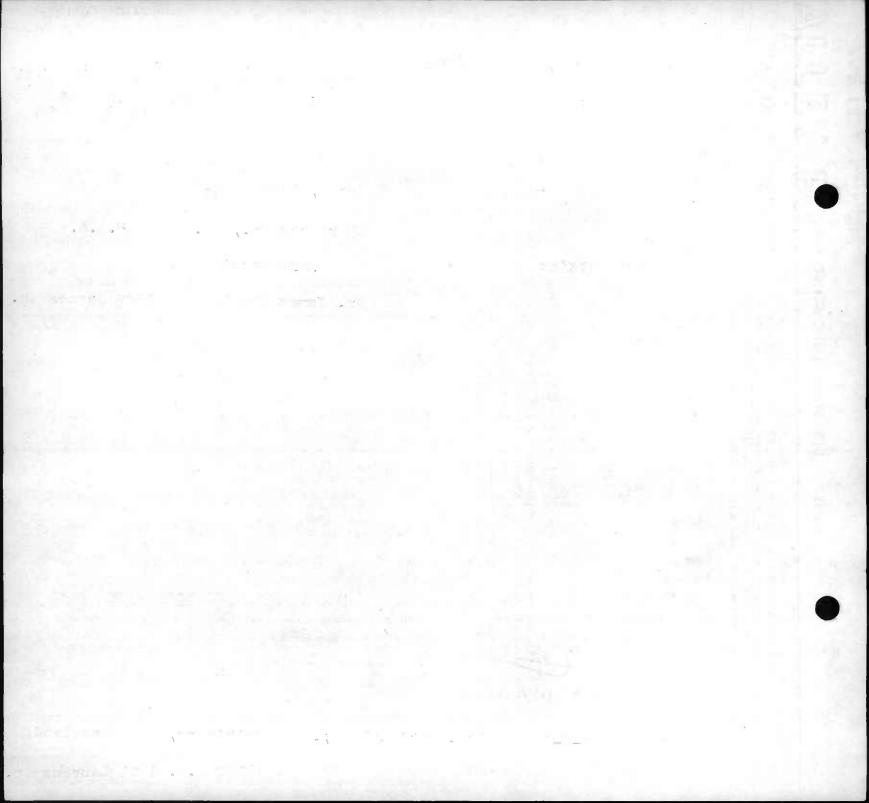
258 NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

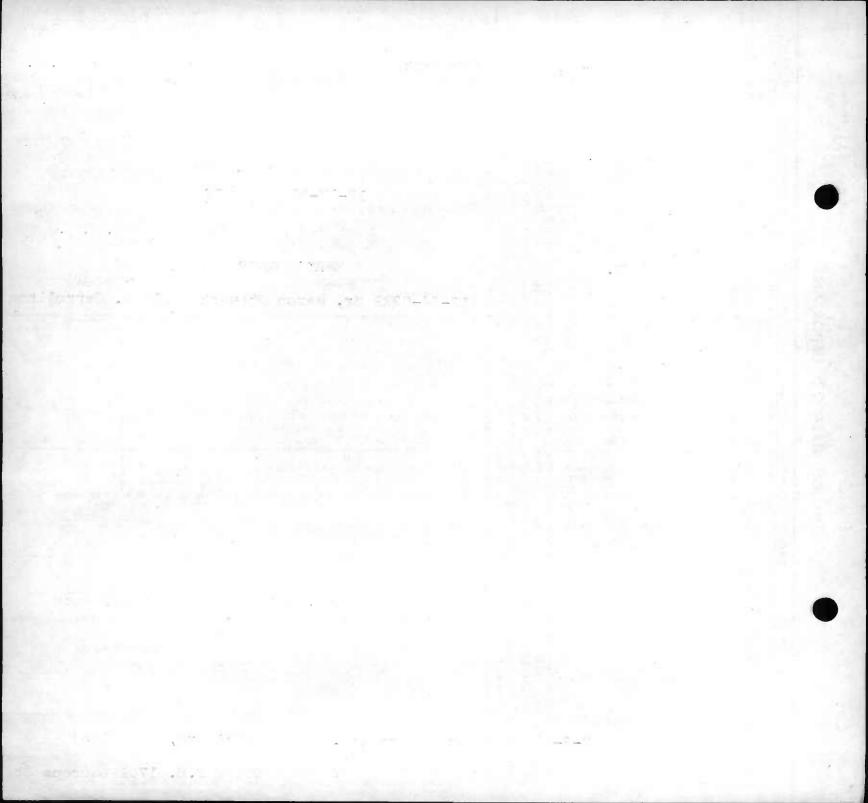
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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TANT	the direkind; (death	i
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.	
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	bod bows: (sis D.C cease	12
	she we were	

11-275	BALTIMORE CITY	HEALTH DEPARTMENT	68- 13:0
68-13	320 CERTIFICA	TE OF DEATH REG. NO.	
BIRTH NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH
(Type or Print) Watkins, Jacol	(Jake)		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		January 29, 19 4. USUAL RESIDENCE (Where deceased fived, I A. STATE B. COUNTY	f institution: residence before odmission)
FILL MANE OF THE NOTING HOSPITAL OF	NETITION ONE STREET	Mary Land	15-1
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION) INSTITUTION	NSTITUTION, GIVE STREET		NSIDE CITY LIMITS?
Provident Hospital		Baltimore	YES NO
10 1514 Division Stre	et	E. STREET AND NUMBER	
O / Baltimore, Marylan	d	1824 Woodyear Stre	eet
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male Negro Wido	WED DIVORCED	Oct , 1901 66	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Unemployed		Charlotte Co., Va.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Jake Watkins		Mary Watkins	
5 Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.	Mr. James Randle	1649 Barnes St.
1B.// 3 / 9	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if any, grise la line abave couse (A) staling UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	ING NAL FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEIN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltin ffice bldg., INJURY OCCUR?	more City, give exoct location)
21D.TIME (Month) (Doy) (Year) (Hour) (APPROX.)	While At Not While At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended	ded the deceased from Ja	nuary 27, 1968 19 to J	anulry 29, 196%
that (I) (we) last sow the deceased alive	on January 29, 19	68 19 ond that in (my) (our)	opinion deoth occurred on the dot
and hour and from the couses stated abo			
23A. SIGNATURE			23B, DATE SIGNED
	Dhu	onding Med. Shaff Phys.	January 30, 1968
23C. PHYSICIAN'S NAME (Type) RAJMM	NE	23D. ADDRESS	lti., Meryland
	DEGREE 4C. NAME of CEMETERY OF CRI		(City, town, or county) (State)
REMOVAL (Specify)	Balto. Nation		
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
FEB 2 1968 (Leb E.	talkytha	MORTON & DYETT F.H	. 1701 Laurens St
/S 150-REV. 1/1/6B			



1 - 3 - 08-	1321 CERTIFICA	TE OF DEATH	KEG. NO.	
BIRTH NO.	CERTIFICA	TE OF DEATH		68- 1321
Type or Print) Kent, Leo	nia (Stewart)		ry 30, 196	
3. PLACE IN BALTIMORE, MARYLAND, WHE			e deceased lived. 1	If institution; residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Mary	land	16-01
NOITUTITZMI		C. CITY OR TOWN	D. fl	NSIDE CITY LIMITS?
2 9 Provident Hospit			imore	YES NO NO
3 7 1514 Division St Bartimore, Mary		E. STREET AND NUMBER	N. Carrolt	ton Avenue
	MARRIED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years lost birthday) 76	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10) done during most of working life, even if retired) Housewife	B, KIND OF BUSINESS OR INDUSTRY	Baltimore, Mar		12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		8
UNK.	15.0	MARTHA JAN	E PHILLI	PS
5. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates o	1 6. SOCIAL	17. INFORMANT		ADDRESS
Total State of Golds	213-54-0329	Mr. Aaron St	ewart	638 N. Carrollto
1B. // 3/ 9 I	CAUSE OF DEATH		3 11 2 3/1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	TIY	A 3:		BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAU	(11/4		
(This does not meen the made of dy	ying, e.g., DUE TO, OR AS			
heart failure, asthenia, etc. It means the	ving, e.g., DUE TO, OR AS A	CONSEQUENCE OF:	1.0	
heort failure, asthenia, etc. It means the injury or complication which caused de	ving, e.g., DUE TO, OR AS A	CONSEQUENCE OF:	-18 00x	
heart failure, asthenia, etc. It means the injury or complication which caused de ANTECEDENT CAUSES	ying, e.g., e diseose, poth.) (B)	CONSEQUENCE OF:	lleer	
heort failure, asthenia, etc. It means the injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony	ying, e.g., e diseose, eoth.) (B) DUE 10, OR AS A OUE 10, OR AS A DUE 10, OR AS	CONSEQUENCE OF:	Leer	
heort failure, asthenia, etc. It means the injury or complication which caused de ANTECEDENT CAUSES	ying, e.g., e diseose, eoth.) (B) DUE 10, OR AS A OUE 10, OR AS A DUE 10, OR AS	CONSEQUENCE OF:	leer	
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heort failure, asthenia, etc. It means the injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony rise to the obove cause (A) st UNDERLYING CONDITION lost.	ying, e.g., a discose, polh.) y, giving oling lhe (C).	CONSEQUENCE OF:	Heer	
heort failure, asthenia, etc. It means the injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony rise to the obove cause (A) st UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	ying, e.g., e diseose, poth.) y, giving lofing the (B) DUE TO, OR AS A (C) RIBUTING TERMINAL	A CONSEQUENCE OF:		
heort failure, asthenia, etc. It means thinjury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony rise to the obove cause (A) st UNDERLYING CONDITION lost.	y, giving oling the (C)	A CONSEQUENCE OF:		RE FINDINGS CONSIDERED CAUSES OF DEATH?
heori failure, asthenia, etc. II means the injury or complication which caused described by the injury or complication which caused described by the injury or complication which caused described by the injury of conditions of the injury of the described by the injury of the injury	y, giving oling the (C)	20A. AUTOPSY? (Yes or No) 208. IF YES, WEI	
heori failure, asihenia, etc. II means in injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony rise to the obove cause (A) st UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 199A. DATE OF OPERATION 199B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)	y, giving DUE TO, OR AS A DUE	20A. AUTOPSY? (Yes or No	20B. IF YES, WEI IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
heori failure, asihenia, etc. II means ih injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony rise to the obove cause (A) si UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORE OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeor) (ring, e.g., e diseose, poth.) y, giving DUE TO, OR AS A DUE T	20A. AUTOPSY? (Yes or No Yes bidg., INJURY OCCUR?	20B. IF YES, WEI IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

7 1/60	BALTIMORE CITY	HEALTH DEPARTMENT	62.	- 1322	
/- 400 68- 16	322 CERTIFICA	TE OF DEATH	REG. NO.	TOCK	
	CENTITICA	TE OF BEATTI			
1, NAME OF DECEASED (Type or Print) DOUGLAS TA	YIOR	2. DATE AND	1-26-68	3 A M.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If institution: 1	esidence before odmission)	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MD	/	2X-02-	
NOITUTION		BALT, MOI	D. INSIDE CITY		
S UNIVERSITY	HOSPITAL			NO .	
		4412 KATHL	STA CUA		
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DAKE OF SIRTH 9	AGE (In years If Unde	Pr. If Under 24 Hrs. Days Hours Min.	
MIDON		AND-2-1010	- 50		
10A, USUAL OCCUPATION (Give kind of work 108, KIND	1	11. BIRTHPLACE (State or foreig	an country) 12. CITI	ZEN OF WHAT COUNTRY?	
METALOONEN CEN	CONTRACTOR	KICHMUND,	Va VIS	2	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
YOUN / AYNON			smpl 8		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)		17. INFORMANT	- P	ADDRESS 1 1/2	
NO	219-01-12751	1 EBGCCAT	Theston Lick	My sousial	
18.4 8 / X	CAUSE OF DEATH		Curanin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		TILOBAR PNE	SUMONIH	10 Lays	
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:		J	
heart foilure, asthenia, etc. It means the diseinjury or complication which coused death.)		· normany t	-0111106	- n	
ANTECEDENT CAUSES		IRATORY F	MILUKE	Ldays	
		A CONSEQUENCE OF:			
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	(C)	•======================================			
490X II					
O THE DEATH BUT NOT RELATED TO THE TERMIN		IA			
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	208 IE VES WERE EINDINGS	CONSIDERED	
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	DEATH?	
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in		(If In Boltimore City, giv	e exoct locotion)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	orași, introki occok:			
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED 21F, HOW DID INJ		NJURY OCCUR?		
(APPROX.)	While At Not While Work At Work	e 🔲			
22. I certify that (I) (this hospital) attended the deceased from 1-23 1968 to 1-26 196					
that (1) (we) lost sow the deceased alive on 1-26 19 68 and that in (my) (our) opinion death occurred					
ond hour and from the couses stated abov	e. (1) (<u>We) (did)</u> (dld not) v	iew the body ofter deoth.			
23A. SIGNATURE				TE SIGNED	
a Holar live	OEGREE Phys	s. Director L	Staff Phys.	26-68	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	TV 110-01	TRI	
	DEGREE	INIVERSIT	1 40001	77	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMATORY 24D. LO	CATION ICity, town,	or county) (State)	
Burne 2/1/68 mt ankum Back that					
25A. DATE REC'D BY HEALTH DEPT. 258. NAV	ME-OF REGISTRAR	25C. FUNERAL DIRECTOR	n11 176n	ADDRESS /	
LED 1300 APRIL 5	, Nama,	marhan	1 1 000 u Sut 1 de	yrum 54	
VS 150-REV. 1/1/68		1 4			

Court Charles and SAID PRINCES PARTY PLANTERS JAN 2-1818- 50 Torday Town Contention Rudmen 1/14 JOHN TRYKORS JEHE TEMPLE 219.00 1275 a Jessecost popular Suciment PHYLLICERE PRESENT RESPIRATORY FALL RE A 350 % 1-26 123 66 B Abouton PALLACE S. LA. MOZELLE Part Das stilled not limbered marking they list of from my

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	2400		HEALTH DEPARTMENT		00 4900		
BIRT	н но. 68- 13	323 CERTIFICA	TE OF DEATH		68- 1323		
Тур	AME OF DECEASED A P. P.	INELL-ALFI		31-196 &	115 P. M.		
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COU		stitution: residence before admission)		
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	my		10-01		
IN S	ntution		CCITY OR TOWN		YES ₩ NO NO		
	812 BRUDRS dAN	~	E. STREET AND NUMBER	1			
0	12 BRUDKS CAN	8	FIZ DROU	5155 LANE			
5. SI	6. RACE ColoneD MOON	INEVER MARKIED	SULY 16-189	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 108. KINE	OF BUSINESS OR INDUSTRY	A SIRTHPLACE SOUNG	reign country)	12. CITIZEN OF WHAT COUNTRY?		
0	ATERERS HOLPER	2	1 BALTO	カリ	USA		
	ATHER'S NAME		14. MOTHER'S MAIDEN N				
	Vos Deceased Ever in U. S. Armed Forces?	16. SOCIAL	OUSIE F	OREMAN	ADDRESS 2		
Yes	no or unknown) (If yes, give wor or dotes of serving the serving t	security No.	Varner Por	W 140 B	Should It for		
1	18.410.9	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0				
	(This daes not mean the made of dying,	LEADING TO DEATH This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:					
	heart failure, asthenia, etc. It means the dise- injury ar camplication which caused death.)	ase,			74		
	ANTECEDENT CAUSES	(0)					
	DISEASES OR CONDITIONS, if any, give		A CONSEQUENCE OF:	******			
	rise Ia The abave cause (A) stating UNDERLYING CONDITION last.	(C)					
_	+20.1 II						
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN						
ICA				[20 A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED			
CERTIFICATION	WAS PERFORMED		N CERTIFYING CAUSES OF DEATH?				
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If in Baltimor	re City, give exact location)		
0	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID IN	ATURY OCCUR?			
2	(APPROX.)	While At Not While At Work					
	22. I certify that (1) (this hospital) attende	ed the deceased frage	7/22/67	19to	120/68 19		
	that (1) (we) last saw the deceased alive	an 1/20/6	19and		nian death accurred an the date		
	and haur and fram the causes stated above	e. (1) (We) (did) (did nat) v	iew the bady after death	1.			
	23A. SIGNATURS	Atte	nding Med.	Shaff	23B. DATE SIGNED		
	23C. PHYSICIAN'S	mi ame Magree Phys	Director L	Phys.	7,70,		
	NAME (Type)	PANALINE	930 OUX,7	LLOCK	at MALTIAULT MI		
24A	BURIAL CREMATION, 24B. DATE 246, REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town or county) (State)		
6	umas 3/5/18 1.	DALTIMONE/		ALTO MI)	•		
25 A	FED 5 4000 (0 0 12 C)	ME-OF REGISTRAR	25C. FUNERAL DIRECTO	1. Shope 171	en Ciemon Jd		
vs '	FEB 0 1908 (Collect C.)	,	all has it and	14 / 638	- CIEMOTO UF		
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and the second second and bearing daring a service of 19 28 11 15 my 10 17 6 00 1 1 MM ... CALLERY HOPER Sus. E Swammed. ELLERS H. CONER in with it is in the former famel 1 1. 8 Min 2 16 Carmer Transper - frest 2 spects 8/00/8 m Charleson Som Alles Persone for a leve of Town from Between Etter Commercial

1	5-115	BALTIMORE CITY	HEALTH DEPARTMENT		00 4004
DID	TH NO. 68 132	4 CERTIFICA	TE OF DEATH	REG. NO	68- 1324
1, N	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Тур	Pe or Print) Anna Mary Schleux	ner	Feb.	1.1968	6:30 Pm.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived, if in: TY	stitution: residence before attmission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
7	Little Sisters Of The 1200 Valley Street	e Poor	E. STREET AND NUMBER 1200 Valley	St	YESX NO
5. 5		NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
3	Temale White WIDOWE		Aug 3. 1880	tost birthdoy)	Months Doys Hours Min.
10A	USUAL OCCUPATION (Give kind of work 108, KIND C	F BUSINESS OR INDUSTRY	11. BYRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Home Maker FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAM	ME	U.S.A.
	George & Schleupner		Mary Fleisch	hmann	
15.	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no, or unknown) (If yes, give wor or dates of service)	SECURITY NO.	Miss Mary L	<i>Schleupne</i>	
	18. 48/X	CAUSE OF DEATH	\mathcal{L}		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Kulmono	my extern	el l
	(This does not mean the mode of dying, e.g		SE A CONSEQUENCE OF:	{	
	heart failure, asthenia, etc. It means the disease injury or complication which caused death.)		0 0	Λ	,
	ANTECEDENT CAUSES	R1.	LOCULY Coleen	- poseumo	2010
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)			
	490X II	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
ERTIFIC				IN CERIFIING CAC	DSES OF DEATH!
CALC	2TA. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimore	e City, give exact location)
0	21 D. TIME (Month) (Doy) (Year) (Hour) 21 OF INJURY	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
٤	(APPROV)	hile At Not While			
	22. I certify that (I) (this haspital) attended		1	1967 to 7	26 1 1968
	that (I) (we) last saw the deceased alive an	7-01	10		
				at in(my) (our) apir	nian death accurred an the date
	and hour and from the causes stated abave. 23A. SIGNATURE	(I) (We) (did) (did not) v	iew the bady after death.		23B, DATE SIGNED
	Theorly (A	DEGREE Phys		Staff Phys.	2.2.68
	23C. PHYSICIAN'S NAME (Type) Stanley Ankuda	1 M D	1101 Maiden	Choice La	ne
244	BURIAL CREMATION, 218./PA/68 24C.	AME of CEMETERY OF CRE			ty, town, or county) (State)
	Burial 25th	on Cathada - 1	B	altimore M	Paruland
25A		ew (athedral	25C. FUNERAL DIRECTOR	1 0	ADDRESS / () /
	FEB 2 1968 Rolub E, F	In Bey MA	Leonard & R	uck Inc 5	305 Herford Rd
1	150-REV, 1/1/6B				

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68- 1325 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEG NO.

68-	1325
-----	------

BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) JOSE ANTONIO IRTZARRY	2. DATE Knawn Manth Day Year Haur OF DEATH Estimated Manth M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 12, 1968 5:15 P. M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
GG Church Home & Hospital (DOA)	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED ☐ DIVORCED X	Baltimore YES, NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday) Months, Doys, Hours, Min.	Broadway Hotel, Rm. 110
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Puerto Rico 144-USUAL OCCUPATION (Give kind of work 148-KIND OF BUSINESS OR INDUSTR	Riawbsi Irizarry
done during most of working life, even if retired)	
Seaman	Emilig Suares 18. INFORMANT ADDRESS No. 37
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	New York
No 702-03-2828	
19. 5 7/81 CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Broncho	pneumonia due to Fatty metamorphosis
LEADING TO DEATH (A)IMMEDIATE (CAUSE of liver
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
Z (C)	
OF STATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 7	(Partial) Yes
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, office uting Cause of Death.	te bldg., etc.) INJURY OCCUR?
OF INTURY	22F. HOW DID INJURY OCCUR?
(ABBBOX)	WHILE VORK
	rtial) tapsy X and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicident	
01.100.4	CHIEF MEDICAL EXAMINER
SIGNATURE CANAL J. J. M.E.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	associate Medical examiner January 16, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Burial 2-2-1968 Mt. Carmel	Rollimone Warral and
	Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS
25A. DATE REC'D BY HEALTH DEPT. FEB 2 1968 25B. NAME OF REGISTRAR	Lilly & Zeiler Inc. 1901 Eastern Ave.
VS 151-REV. 1/1/6B	

Committee and the state of the

No Nobses

68- 1326 CERTIFICATE OF DEATH

VS 150-REV. 1/1/68

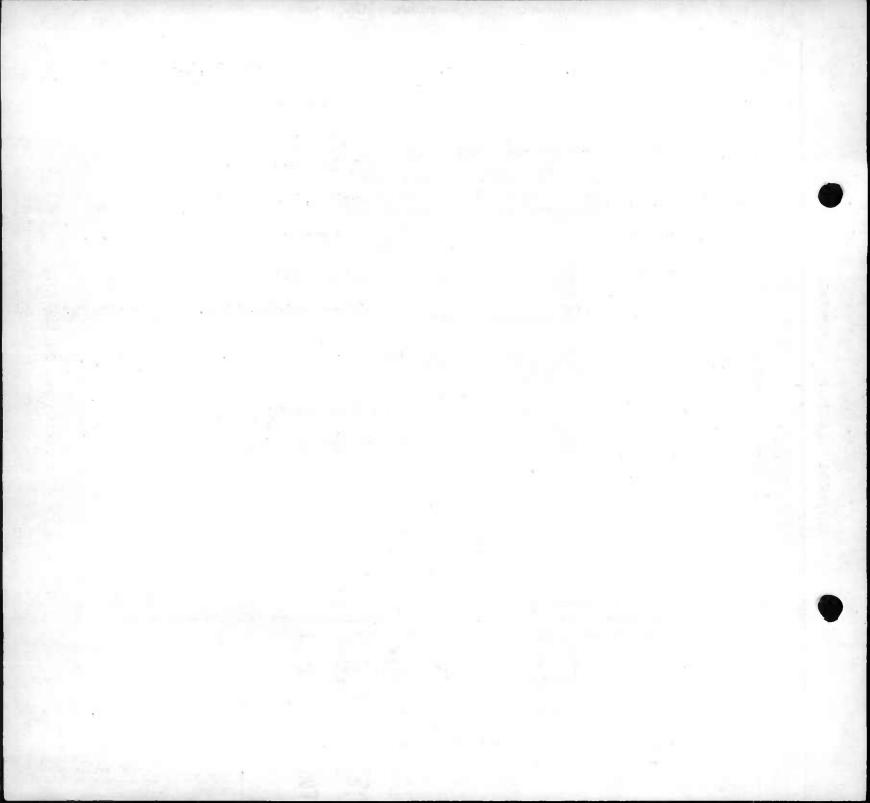
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO

Rustin E. Donovan. 3818 Roland ave

68-

NAME OF DECI						
Cupp or Dinas	EASED			2. DATE	AND HOUR OF DEAT	'H
Type or Print)	Lena R. W	Veichmi	ller.	Janu	ary 30,19	68 5:10 P.
PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (W	here deceased lived, It	institution: residence before odmission
)	7-PYCY
FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITE	JTION, GIVE STREET	Maryland	0	
NSTITUTION	ADDRESS OR LOCA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C. CITY OR TOWN		NSIDE CITY LIMITS?
				Baltimore		YES 🔀 NO
17 X 71	616 Northbo	urne R	oad	E. STREET AND NUMBER		
00 -	oro Mor onoc	out the in	ouu	1616 North	hourne Ro	6A
• SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr
				. 0 3000	lost birthdoy	Months Doys Hours Min.
Female	White	WIDOWED		March 8,1889		12 CITITEN OF WHAT COUNTY
	UPATION (Give kind of work working life, even if retired)	KIND OF	BOZINEZZ OK INDOZIK	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNT
				Common		U.S.
Housewill				Germany 14. MOTHER'S MAIDEN N	AME	0.5.
STATILE S HA	VIL					
Unknow	6110			? Roll		
S. Wos Deceosed	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	-	ADDRESS
(es, no or unknown)	(If yes, give wor or dote	es of service)	SECURITY NO.			
no	no		?	Helen Weich	muller.16	16 Northbourne F
18. //	2. (2) 1		CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEAS	SE OR CONDITION DI	IDECTI V				BETWEEN ONSET AND DEA
	LEADING TO DEATH			(Nullan	Ma la sia	15
			(A) IMMEDIATE CA		Judema	muner
	not meon the mode of osthenio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE OF:		
	aplication which coused			•		
	ANTECEDENT CAUSES	s	1.1-	11. 0 11		as a Comment
			(B) 01000	- Valency HV	persensens.	Village Oylore
	OR CONDITIONS, if		DUE 10, OR A	S A CONSEQUENCE OF:		
	e obove couse (A) G CONDITION lost.	storing the	10 Cla	Xeurs leves	in	Sylves
ON BENETING	0 00112111011 1031		(0)			
- 443X	11					
	CANT CONDITIONS CO					
	TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI					
	OPERATION 198. CON	NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WEI	RE FINDINGS CONSIDERED
E C	WAS PER	RFORMED			IN CERTIFYING	CAUSES OF DEATH?
S ACCIDE	NT WAS UNDERLYING	7 7218	DI ACE OF INITION (A.C.	in or about 21 C. WHERE DID	/If in Rollin	more City, give exoct tocotion)
OR CONTRIBL	JTING CAUSE OF	hom	ne, form, foctory, street,	office bldg., INJURY OCCUR?	(II III DOINI	note City, give exoct locotion)
DEATH (notify	medical examiner)	etc.)			
O	(Month) (Doy) (Year)) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
		(11001) 212				
	(Month) (Doy) (Teor)	3A/1	No. Wh	ile —		
D 21 D. TIME	(Month) (Doy) (Teot)		ile At Not Wh	ile		
21 D. TIME OF INJURY LAPPROX.)		Wo	rk L At Worl		1067	3d 106A
21 D. TIME OF INJURY LAPPROX.)	that (I) (this hospita	Wo	rk L At Worl	June	1967 ta Ju	many 30, 1968
21 D. TIME OF INJURY IAPPROX.) 22. I certify		al) attended t	he deceased fram) une		1
21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (that (I) (this hospital	al) attended t	he deceased fram	29, 19.68 and	that in(my) (our)	
21D.TIME OF INJURY IAPPROX.) 22. I certify that (I) (week)	that (I) (this hospita last saw the deceas d fram the causes sta	al) attended t	he deceased fram	June	that in(my) (our)	apiniar death accurred an the do
21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (that (I) (this hospita last saw the deceas d fram the causes sta	al) attended t	he deceased from () (We) (did) (did not)	29, 19.68 and view the bady after deat	that in(my) (own) o	apiniar death accurred an the do
21D.TIME OF INJURY IAPPROX.) 22. I certify that (I) (week)	that (I) (this hospita last saw the deceas d fram the causes sta	al) attended t	he deceased from (We) (did) (did not)	29, 19.68 and view the bady after deat	that in(my) (our)	apiniar death accurred an the do
21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (wee) and haur and 23A. SIGNATU 23C. PHYSICIA	that (1) (this he pital) last saw the deceased from the causes sta	al) attended t	he deceased from () (We) (did) (We) At Work	29, 19.68 and view the bady after deat	that in(my) (out) o	apiniar death accurred an the do
21D.TIME OF INJURY IAPPROX.) 22. I certify that (I) (week)	that (1) (this he pital) last saw the deceased from the causes sta	al) attended t	he deceased from (We) (did) (did not)	view the bady after deat	that in(my) (out) o	apiniar death accurred an the do
21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME IT	that (I) (this heapital last saw the deceased from the causes stours. JRE LANS LANS LANS LANS	al) attended t	he deceased fram (We) (did) (HE hot) At World At Worl	view the bady after deat tending Med. Director 23D. ADDRESS 46.36.36	that in(my) (out) o	apiniar death accurred an the do
21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (wee) and haur and 23A. SIGNATU 23C. PHYSICIA NAME IT	that (1) (this begins of last saw the deceased from the causes stought of the last saw the deceased from the causes stought of the last saw the last saw that saw the last saw that saw the last saw that saw the last saw the last saw that saw the last saw that saw the last saw that saw that saw the last saw that saw th	wal) attended to sed alive an ated abave. (he deceased from (We) (did) (did not)	view the bady after deat tending Med. Director 23D. ADDRESS 4636 Be	that in(my) (out) o	apiniar death accurred an the do
21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (wee) and haur and 23A. SIGNATU 23C. PHYSICIA NAME IT	that (I) (this he pital) last saw the deceased fram the causes stought and the causes stoug	wal) attended to sed alive an	he deceased fram (We) (did) (did hot) M-D DEGREE M-D DEGREE	view the bady after deat tending Med. Director 23D. ADDRESS 4636 Be	that in (my) (out) on. Staff Phys. Roag	238, DATE SIGNED 2-1-68 1-Balto, Mid 2120
21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (wee) and haur and 23A. SIGNATU 23C. PHYSICIA NAME IT NAME IT ALAA. BURIAL CRE REMOVAL (that (I) (this he pital) last saw the deceased fram the causes stought and the causes stoug	wal) attended the ded alive an ated abave. (he deceased fram (We) (did) (did not) DEGREE AME of CEMETERY OF C	view the bady after deat tending Med. Director 23D. ADDRESS 4636 Bar REMATORY 24D	shaff Phys. Location	23B, DATE SIGNED 2-1-68 1-By Har, MM 2120 (City, Yown, or county) 1Stote)
21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (wee) and haur and 23A. SIGNATU 23C. PHYSICIA NAME IT	that (1) (this begins of that (1) (this begins of the decease of t	wal) attended the ded alive an ated abave. (he deceased fram (We) (did) (did not) DEGREE AME of CEMETERY OF C	view the bady after deat tending Med. Director 23D. ADDRESS 4636 Be	Staff Phys. December 1	23B, DATE SIGNED 2-1-68 1-By Har Mul 2120 (City, Yown, or county) IStote)
21D. TIME OF INJURY IAPPROX.) 22. I certify that (I) (wee) and haur and 23A. SIGNATU 23C. PHYSICIA NAME IT	that (I) (this he pital last saw the deceased from the causes stated of the last saw the deceased from the causes stated of the last saw the deceased of the last saw the last	wal) attended to sed alive an ated abave. (he deceased fram (We) (did) (did hot) M-D DEGREE M-D DEGREE	view the bady after deat tending Med. Director 23D. ADDRESS 4636 Be	that in (my) (out) on. Staff Phys. Roag	238, DATE SIGNED 2-1-68



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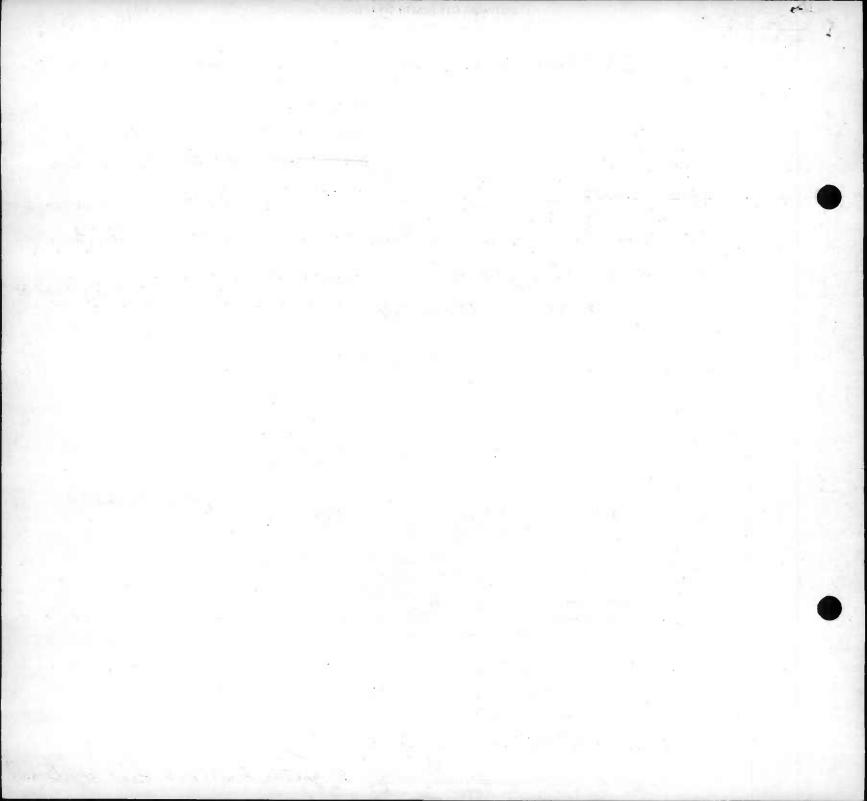
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1/31/68 1:20 a. M.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Harry J. Bystry 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland Anne Arundel (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? INSTITUTION NO Y YES Basadena E. STREET AND NUMBER BALTIMORE GENERAL HOSPITAL 211th Street Green Haven 5. SEX 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. B. DATE OF BIRTH 7. MARRIED X NEVER MARRIED is ma lost birthdov Hours 1.8 Male White WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Rigger DryDock Raltimore Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Bystry Lottie Odahosha 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ww 11 Armv 15-05-9442 Mary Catherine Bystry-Same as # CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH Massive (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any. the abave cause (A) stating the 20remains UNDERLYING CONDITION Inst. 163 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) obtained before the 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) At Work Work 1/29/68 22. I certify that 1(1) (this hospital) attended the deceased from____ Z68 1/31/68 19_ that (t) (we) last sow the deceased alive an.... and that in 📆 (aur) apinian death accurred an the date be and haur and fram the couses stated above. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Staff 1/31/68 Phys. Director Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DEGREE S.B.G.H. - 1213 Light 24A. BURIAL CREMATION. CEMETERY OF CREMATORY REMOVAL (Specify) written Aurial 2/3/1968 Cedar Hill Cemetery Brooklyn, Maryland 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR ngleton Funeral Home/Glen Burnie.Md.

VS 150-REV. 1/1/6B

John Albert Form

0	2	6	6	8- 13	28 CERTIFICA	ATF OF D		REG. NO.	68- 1	328
	1, N.	TH NO. AME OF DECI	EASED		- 0 1	112 01 0		ND HOUR OF DEATH	1	
			INGRA		NRY W.		1/	31/68	6:4:	5 MM M.
			TIMORE, MARYLAND, Y			A. STATE	B. COUN	NTY A A	institution; residence befor	e odmission)
	HO	LL NAME OF SPITAL OR TITUTION	ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOW		D. IN	SIDE CITY LIMITS?	-00
17]	LI	UTHERA					MO RE	21229	YES NO	
0	H	OSPITA	L.			E. STREET AND	NUMBER	- 111175	11	0 -
G G	5. SI	MARY	6. RACE	7		B. DATE OF BIR	TU TU	9. AGE (In years	If Under 1 Yr., If U	nder 24 Hrs.
300	M	ALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	8-18-		10st birthdoy	Months Doys Hours	Min.
2	10A.		JPATION (Give kind of wo	rk 108. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE	(Stote or fore		12. CITIZEN OF WHA	T COUNTRY?
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disposition	13. F	FATHER'S NAN	ME	Dry .	V 474 7-101-14	14. MOTHER'S	MAIDEN NA	ME	1	
ISP	(CHAI	Plie I	-NGR	AN	VIVIA	NP	CANNO	aday	
			(If yes, give wor or do		1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 77		/ ADDRESS	Same as
tinal		No	NONE		579-12-08	3/	Lottie	3 15. 219	KAN (Wife)	#2
ō		1B. J. PIEERS	E OR CONDITION D	IDECTI V	CAUSE OF DEA	Rest	realos	y failure	due to BETWEEN ONSE	
e			LEADING TO DEATH		/ANIMMEDIATE C	AUSE Chre	nic c	ob Fruetive	2_	
<u>B</u>			at mean the made a asthenia, etc. It mean		DUE TO, OR A	S A CONSEQUENCE	OF:			
E			plication which cause		D	D a	1.	0.	2 214	
0			ANTECEDENT CAUSE		(B) / Dro	nchopul	mon	ary dis	can	
0		rise to the	OR CONDITIONS, if a obave couse (A)	,	and the same of th	emble	y sen	na.		
the remains		S 02.0	CONDITION last.		(c)					
E	N O	OTHER SIGNIF	CANT CONDITIONS CO							
9 1	AT	DISEASE OR CO	H BUT NOT RELATED TO	RT 1 (A).		1204 44700	wa (V N	all oop is ves week		
+	TIFIC	19A. DATE OF	9 / Ca WAS PE	REORMED	WHICH OPERATION TRACHEOSTOMY)	20 A. AUTOP:	At (les of M	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
betore	CE	21A. ACCIDEN	T WAS UNDERLYING	21	B. PLACE OF INJURY (e.g. me, form, foctory, street,	, in or obout 21C. W	HERE DID	(If In Boltim	are City, give exact locatio	n)
			medical examiner	etc			,			
btained		21 D. TIME OF INJURY	(Month) (Doy) (Yeor		. INJURY OCCURRED		OW DID IN.	JURY OCCUR?	·	
0	2	(APPROX.)			hile At D Not W	hile rk	= 1		1	
opt		22. I certify	that the this hospita	ol) ottended	the deceased from	j - 20 . (08	.19to	. 31.68	.19,
pe			lost saw the deceas		1.30.6			hat in (my) (our) op	oinian deoth accurred	an the dote
must		ond hour ond		oted obove.	(I) (#e) (did) (did nor	view the bady o	fter deoth.		23 B. DATE SIGNED	
Ε		207101011710	157	Som			led.	Staff Phys.	1-31.68	3
Δ /		23C. PHYSICIA	N'S		DEGREE	hys. D	irector L			
approval		NAME (T)	ype)	P. P	DOSHI M.D	730 A	SHBU	RTON ST,	BALTIMORE	
g	24A	BURIAL CREA		24C. N	AME of CEMETERY OF C		24D. I	LOCATION	City, town, or county)	(Stote)
written	4	BURIA	1 2-3-	68 02	ld Liberty	Cemete	KY /	RANKLin	Co. VA.	
ţ.	25A	. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNER	ALTOPRECIO	Pre B. 9	ADDRESS	o m
>	VS 1	150-REV. 1/1/A	FEB 2 1968	Rea	BE Salley	Sing	keten	FuneRe	L Hame Ghe	Burnie



a hospital and

	CO 4220 BALTIMORE CITY HEAL	TH DEPARTMENT
	68- 1329 CERTIFICATE	OF DEATH REGINO. 68 1329
	BIRTH NO.	2, DATE AND HOUR OF DEATH
11	(Type or Print) Marie NMN Michel	Jan 29 46 10 25 P. m
		UAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	YORTOWN D. INSIDE CITY LIMITS?
	man 10 Hmn Tal	A L STEEL NOT
I	Union Memori as the state E. STI	REET AND NUMBER
	4-4	711 Linden Ave.
1	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DAT	E OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	Female white WIDOWED DIVORCED 10-	18-97 lost birthdoy) Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIE	THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
li	done during most of working life, even if retired) HOUSEWIFE HOUSEWIFE	Maryland Baltimore american
1	2.000011220	DTHER'S MAIDEN NAME
	Tahn Foeller. L	onis Lehneis
1		ORMANT ADDRESS
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
	220-34-3210 MI	Rieman W. Michel 6711 Linden 21206
	18. 3 3,0 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	5. 0 4. 10
	(A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., boot follows as heart and the made of diseases	FOURNCE OF:
	heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	
1		(O C
Н	DISEASES OR CONDITIONS, if any, giving (B) 11 22 47 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	E Cancer Calean.
	rise to the above cause (A) stating the	
	UNDERLYING CONDITION last, (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	E4
Н	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	U 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 204	A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Jan 18 - 68 WAS PERFORMED CORLOW 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or ob)	No IN CERTIFIED CAUSES OF DEATH!
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bld	out 21 C. WHERE DID (If in Boltimore City, give exact lacotion) g., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) While At Work At Work	53
	22. I certify that (V) (this haspital) attended the deceased from	in 13 hh 19 6 8 10 Jan 2 9 hh 19 68.
	that (N) (we) lost sow the deceased alive on Jam 29 Wh	19 6 9 ond that in (myl) (our) opinion death occurred on the date
	11101 (1) (WO) 1031 30W 1110 4000304 01110 011	
	and hour and fram the causes stoted obove. (1) (We) (did) (did not) view th	23B, DATE SIGNED
	Nabil Ibrahim Favous DEGREE Phys.	Director Phys. Jan 29 hl 1968.
	23C. PHYSICIAN'S NAME (Type)	DDRESS
	NABIL IBRAHIM FANOUS MD. DEGREE TH	E UNION MEMORIAL HOSPITAL
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATO	
	Burial 2-1-1968 Oak awn Cemetery	Baltimore, Co. Md.,
		C. FUNERAL DIRECTOR ADDRESS 36

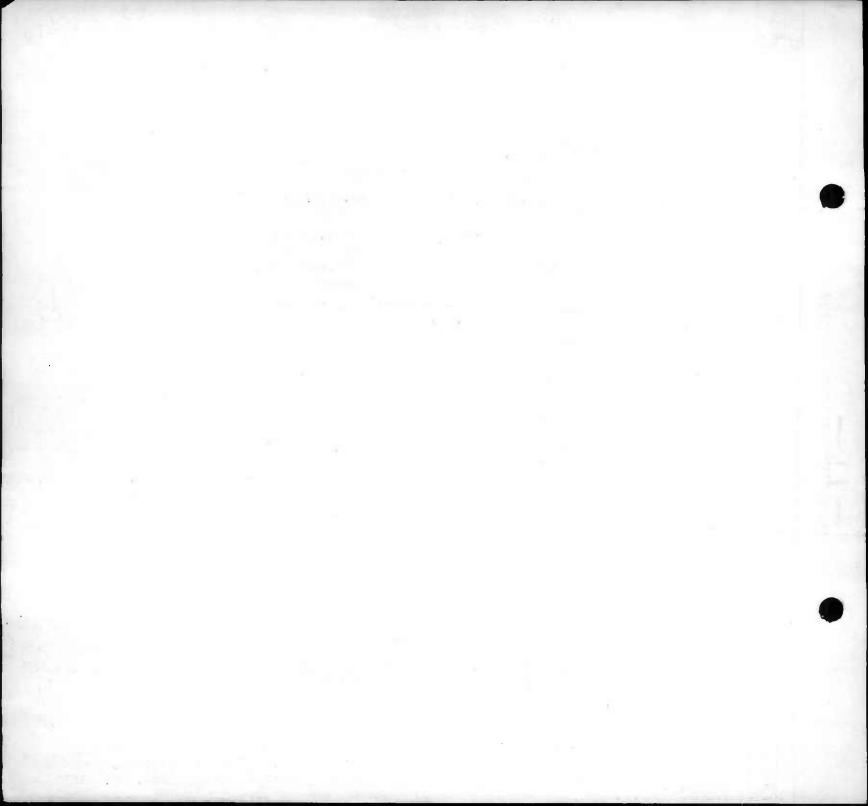
Baltimore,

VS 150-REV. 1/1/6B

1968

	death occurred t or contributi Undetermined as in regular e deceased pr	
IMPORTANT	or his assistant if Also, if the direcre of any kind; (4) nounced death wattendance on the Imed or final disponentials.	
FUNERAL DIRECTOR: IMPORTANT	hief medical examiner a medical examiner. Sody burns; (3) A fractu the physician who provisician was in regular the remains are emba	
3	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributi shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.	
	This certificate muthe body was releshows: (1) An accivas D.O.A. at a hadeceased prior to written approval	

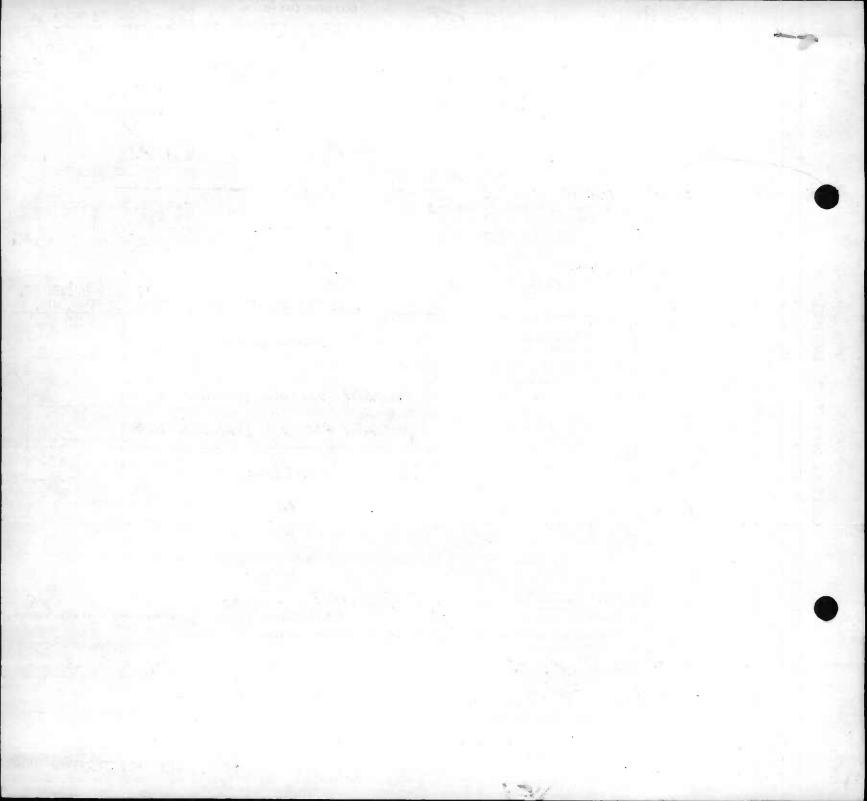
-E2-A	68- 1330 BALTIMORE CITY HEALTH DEPARTMENT 68- 133	30
DE005	CERTIFICATE OF DEATH Registered No.	30
1.N	.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH you or Print)	
	Alice J. Johnson Jan. 31, 1968 PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceased lived, If institution: residence before	:50 Pm.
hospital use of co (5) Dece or death.	A, STATE 8. COUNTY	e odmission)
a hosp cause se; (5) andance to dea	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) Waryland 21212 C. CITY OR TOWN (II outside city limits, write RORAL and give towns in the control of the city limits, write RORAL and give towns in the control of the city limits, write RORAL and give towns in the city limits and give towns in the city limits and give towns in the city limits are city limits.	n) e
	INSTITUTION	
r atte prior t	Beltimore Md. 21212 D. STREET ADDRESS (It rurol, give location)	U
0 0 0 5	5051 Govane Avenue	nder 24 Hrs.
E E	Female White Never Married Mar. 22, 1894 73	Min.
0 . <u>v</u>	A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	2
don 13.	Homemader —— Balto. Maryland USA	r
13.	FATHER'S NAME	
	Clarence Johnson Wooffield, Josephine	
15. (Ye:	. Was Deceased Ever in U. S. Armed Foices? es,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	No 220-48-0662J1 Edna Johnson (Sister) Same	
	18. 183. O I CAUSE OF DEATH INTERVAL BE ONSET AND	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CARONOMA OF OVARY (A) PUE TO DUE TO	ary
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
g E	injury at camplication which caused death.)	
	ANTECEDENT CAUSES (B) DUE TO	BBB 60 ~~~ \$6 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (CI	
	UNDERLYING CONDITION last.	
Z O	775 0 1) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
CATIO		
ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CARENOMA OF OVARY 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
0	2 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exect locobe	on)
CAL	G DEATH (notify medical examined NO etc.)	
MEDI	OF INTIDA	
<	(APPROX.) Work At Work	
	22. I certify that (1) (this hospital) ottended the deceased from Navental 1967 to January 31	1908
	that (1) (we) last sow the deceased alive on January 3/ 1968 and that in(my) opinion death occurred	on the dote
	ond haur and fram the couses stated obove. (1) (1212) (did) (did not) view the body ofter death. 23A. SIGNATURE	
	A.S. Challant M.D. Attending Med. Stoff Director Phys. Director Phys.	368
	23C. PHYSICIAN'S NAME Typel	-0
	Dr. A.S. CHALFANT M.O. 6210 YORK ROAD. Bolting	2. Ky
24/	IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county)	(Stotel /
	Burial Fe.3,1958 Prospect Hill Cemetery Towson, Maryland 21204	
254	ADDRESS 256. NAME OF REGISTRAR EUGENIA K. Seitz 5209 York Rd.	
	Seitz Funeral Home Balto, Md. 212	12



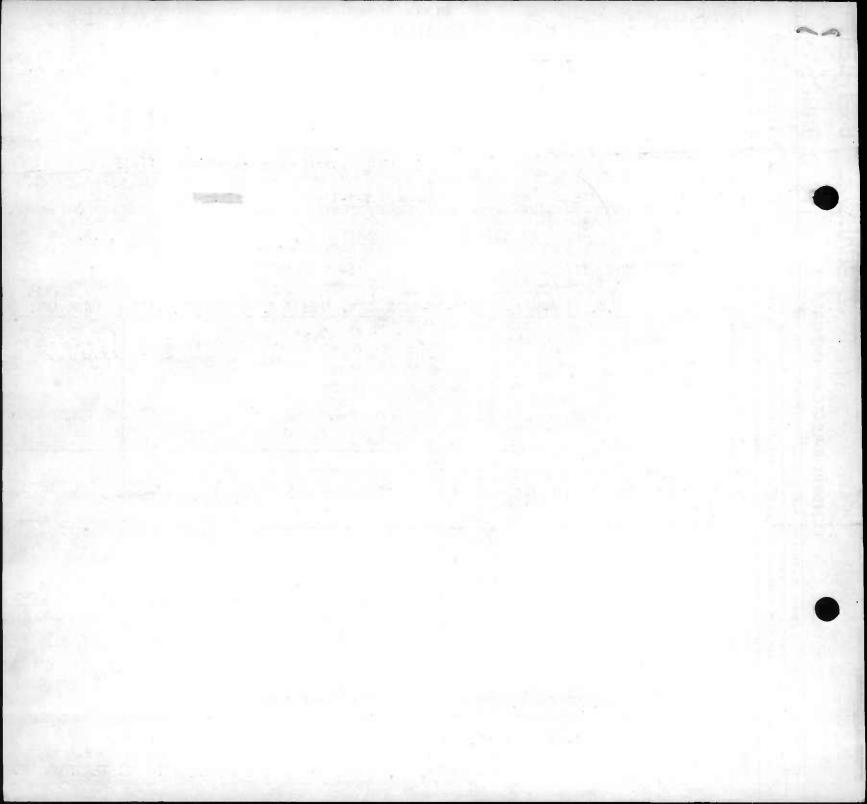
	CO 4 2004 BALTIMORE CITY	HEALTH DEPARTMENT	68- 1331
フ	BIRTH NO. M.E. CASE NO. BRITIMORE CITY CERTIFICA	TE OF DEATH Registered No.	00 T00T
	M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
	KENNEDY MICHAEL J.	JANUARY 28, 196	8 19:00 P. M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	JANUARY 28, 196 4. USUAL RESIDENCE (Where deceased lived, If inst A, STATE B, COUNTY	itution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street	0 .1/	56.00
,/	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RL	RAL ond give township)
71	ST. AGNES HOSPITAL	SYKESVILLE 21784 D. STREET ADDRESS (If rurol, give location)	
	CATON & WILKENS AVES.		
de	BALTIMORE, MD. 21229 5. SEX 6. RACE 17. MARRIED, NEVER MARRIED	RT 3 BOX 236 MARTZ RD	If Under 1 Yr., If Under 24 Hrs.
mad	MALE WHITE WIDOWED, DIVORCED (specify)	12-14-81 lost birthdoy/ 86	Months Doys Hours Min.
.5	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF
isposition	RETIRED Fire man BAH. City	MARYLAND	USA
sit	RETIRED FIREMAN DHIO. CITY	14. MOTHER'S MAIDEN NAME	USA
Spo	MICHAEL KENNEDY	MARY BROWN	
ē			4 O O ADDRESS
final	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	BALIU., MD. 2	VENC COATON AVE
	NO 213 10 0145		
0	DISCOSE ON COMPLIANT DIRECTLY		ONSET AND DEATH
ed	LEADING TO DEATH	SSIVE Pulmonary Ed.	emo lohrs
balm			
mpc	injury ar camplication which coused deoth.)	dot Was Tesus	10+11-
Ф	ANTECEDENT CAUSES	ngestive Heart rail	ye all X cars
are	Diseases on Contentions, II day, giving	CVD	20+x+1
	UNDERLYING CONDITION last.		
ai	E904.7 II		
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	URE REMUR	1201215
the	DISEASE OR CONDITION CAUSING IT.		NDINGS CONSIDERED
+	E 12468 MASS PERFORMED PERFORMED	NO IN CERTIFYING CAU	
before	OR CONTRIBUTING CAUSE OF CAUSE	or obout 21 C. WHERE DID (If in Boltimore	City, give exact location)
pe	▼ DEATH (notify medical examiner) etc.)	ME RANDAUSTON	03-00
Pe	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	70
ained	At Work At Work	'A' Pt. Pell	
þ	22. I certify that (1) (this haspital) attended the deceased fram	JANUARY 17 1968 10 JANU	IARY 28 19 68.
0	that (I) (we) last saw the deceased alive an JANUARY 28	31968and that in(my) (aur) apini	an death accurred an the date
t b	and have and from the causes stated above. (1) (We) (did) (did nat) v	iew the bady after death.	
must	23A. SIGNATURE		238. DATE SIGNED
	Sank h Colorie M.D. Atte	med. Stoff Phys. Stoff	1-28-68
٥٨	23C. PHYSICIAM'S NAME (Typel	23D. ADDRESS	
approval	FRANK M. DETORIE M.D.	WILKENS & CATON AVES.	BALTO. 21229
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY, or CRE	MATORY 24D. LOCATION (City	, town, or county) (Stote)
ten	Burial 2-1-68 New Cather	Iral Baltimore.	Mel.
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS MAL
3	EFR 2 1968 10 0 1 9 Falling	Harry W. Haight &	yasville MA.
	VS 150-REV. 1/1965		

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done during most of working life, even if relired) HOUSEWIFE AT HOME BATTHURE, MARYLAND 14. MOTHER'S MAIDEN NAME LEOPOLD SCHOCHET ANNA JAFFE	TS? NO Vr. If Under 24 Hrs. oys Hours Min. N OF WHAT COUNTRY A DDRESS EN HAVEN DR.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) S. SEX G. RACE FEMALE TO MARRIED NEVER MARRIED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE AT HOME 14. MOTHER'S MAIDEN NAME LEOPOLD SCHOCHET ANNA JAFFE ANNA JAFFE A. STATE B. CQUNTY MARRIED D. INSIDE CITY LIMIT C. CITY OR TOWN BACTIMOR P. AGE (In yeors lost birthdoy) Months: Do. 10. INSIDE CITY LIMIT AND BACTIMOR P. AGE (In yeors lost birthdoy) Months: Do. 11. BIRTHPLACE (Stote or foreign country) BACTIMOR MARYLAND 12. CITIZEN AT HOME 14. MOTHER'S MAIDEN NAME LEOPOLD SCHOCHET ANNA JAFFE	Yr. If Under 24 Hrs. Yr. If Under 24 Hrs. Min. NOF WHAT COUNTRY A DDRESS EN HAVEN DR.
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SIND HOSPITAL OF BOLTO INC. S. SEX 6. RACE	YI, If Under 24 Hrs. oys Hours Min. N OF WHAT COUNTRY DDRESS EN HAVEN DR.
E. STREET AND NUMBER 4502 BUSTESTOWN DA S. SEX 6. RACE FEMALE WIDOWED DIVORCED DIVORCED HOUSEWIFE AT HOME 14. MOTHER'S NAME LEOPOLD SCHOCHET E. STREET AND NUMBER 4502 BUSTESTOWN DA 19. AGE (In yeors lost birthdoy) 10. AGE (In yeors lost birthdoy) 11. BIRTHPLACE (Stote or foreign country) BRITHPLACE (Stote or foreign country) 12. CITIZEN BRITHPLACE (MARYLAND) 13. FATHER'S NAME LEOPOLD SCHOCHET ANNA JAFFE	Yr. If Under 24 Hrs. N OF WHAT COUNTRY DDRESS EN HAVEN DR.
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HOUSEWIFE AT HOME BOTTHUCE MARYLAND US 3. FATHER'S NAME LEOPOLD SCHOCHET ANNA JAFFE	DDRESS EN HAVEN DR.
LEOPOLD SCHOCHET 14. MOTHER'S MAIDEN NAME ANNA JAFFE	DDRESS EN HAVEN DR.
	EN HAVEN DR.
	EN HAVEN DR.
IS. Was Deceased Ever in U. S. Armed Forces? IYes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 10. 17. INFORMANT	TA THIEN PIN DICE
NR. L. STANLEY FRIEDMAN, SILVER SP	PRING, MD.
OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 10A. ACCIDENT WAS UNDERLYING 121A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF long, form, foctory, street, office bldg., INJURY OCCUR?	ATH?
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21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work Not While At Work	
22. I certify that (I) (this haspital) attended the deceased fram 1/8 1968 ta 1968 that (I) (we) last saw the deceased alive an 1/31 1968 and that in(my) (aur) opinion death of	accurred on the dat
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	signification of the same of t
23A. SIGNATURE Attending Med. Staff Phys. Director Phys 1/3	
23C. PHYSICIAN'S NAMITYPE THOMAS P. Snith 23D. ADDRESS SINAI HOSPITAL	
OEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or co	county) (Stote)
BURIAL 2-1-68 MIKRO KODESH BETH ISRAEL BALTIMORE, MARYLAND	
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL 25C. FUNERAL DIRECTOR 25C. FUNERAL 25C. FUNERAL 25C. FUNERAL 25C. FUNERAL 25C. FUNERAL	ADDRESS
VS 150-REV. 1/1/6B SOL LEVINSON & BROS., 6010 REIST VS 150-REV. 1/1/6B	TEDOTAGIS T

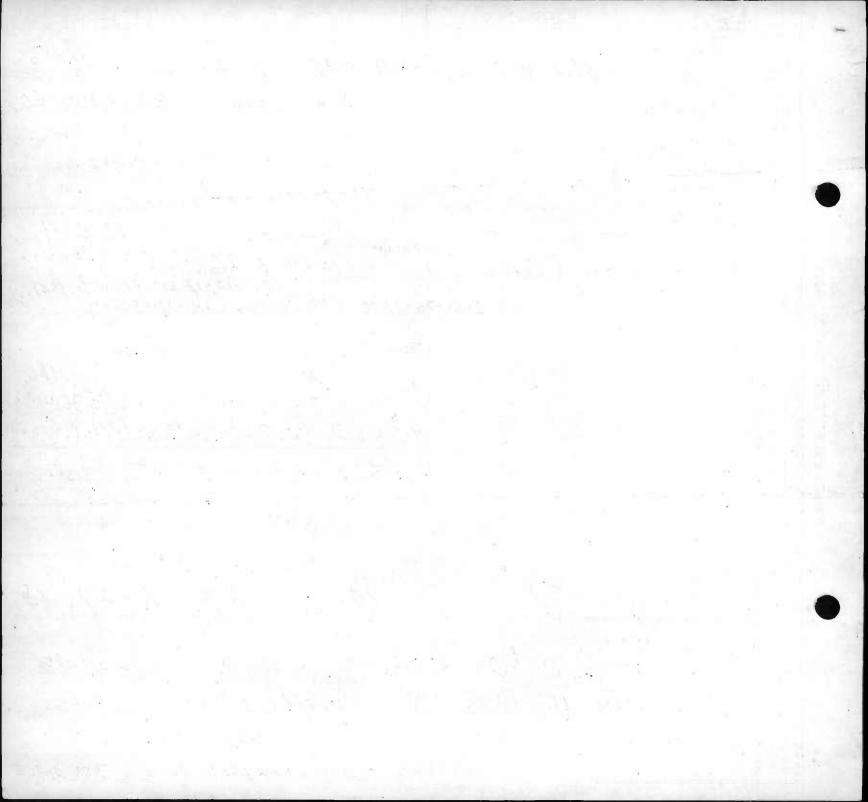


DATE AND HOUR OF DIATH TAMES 1968 4:25 A.		3-62:	3 68	3- 13	BALTIMORE CITY CERTIFICA		F DEATH	REG. NO	68- 1333
FULL NAME OF HORTH ADDRESS OF LOCATION, GIVE STREET ADDRESS OF LOCATION,	1, N	AME OF DECEA	ASED				2. DATE AN		
ROSHITUTION 3812 SEQUOTA AVENUE CITY OR TOWN BALTIMORE 5. STR 6. SACE MALE MALE MARRIED 1. MARRIED 1. MARRIED 1. STREET AND NUMBER 3812 SEQUOTA AVENUE 8. STREET AND NUMBER 1. MARRIED 1. STATE OF BIRTH 1. STREET AND NUMBER 1.	3. 1	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STAT	E B. COUN	e deceased lived. If	institution: residence before admission
3812 SEQUOTA AVENUE #21215 5.518 G. RACE MALE MITTE WIDOWED DIVORCED 7-4-1897 MITTE WIDOWED DIVORCED 7-4-1897 MITTE MITTE WIDOWED DIVORCED 7-4-1897 MITTE MITTE MITTER	HC IN!	SPITAL OR STITUTION		AL OR INSTIT	TUTION, GIVE STREET		BALTIMORE	D. IN	
S. SEX		3812 SEQU	HOIA AVENUE			E. SIKE		TA AVENUE	#21215
MALE (WHITE WIDOWED DIVORCED 7-4-1897 IOL USUA OCCUPATION (Give kind of work) to get with the county of working kin, we in fruited) SALEMAN RETURN	5. 5	EX 6	. RACE	7. MAPPIED	T NEVER MARRIED	B. DATE	OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs
TOLUBLA DOCUBATION (CIVE indied who willow Band of Business or Industry 11). Birther Ace (Soid or teeding country) SALESIAN RETIRED BALTIMORE, MARYLAND U.S.A. RETIRED BALTIMORE, MARYLAND U.S.A. ADDRESS MARYLAND U.S.A.		MALE	WHITE			7-4-		and the same of th	Months Doys Hours Min.
13. FATREYS NAME 14. MOTHER'S MADDEN NAME 14. MOTHER'S MADDEN NAME 15. WOS DECOSED 15. WOS DECOSED 15. WOS DECOSED 16. SOCIAL 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. 17. INFORMANT 18. 17. INFORMANT 18. 17. INFORMANT 18. 18. 18. 18. 18. 18. 19. INFORMANT 19. INFORMATION 19. IN	don	during most of wo							12. CITIZEN OF WHAT COUNTRY
15. Word Deceased Steri in U. S. Armed Forces* (1745, no or unknown) (If yes, give word odless of service) (1745, no or unknown) (If yes, give word odless of service) (1745, no or unknown) (If yes, give word odless of service) (1745, no or unknown) (If yes, give word odless of service) (1745, no or unknown) (If yes, give word odless of service) (1745, no or unknown) (If yes, give word odless of service) (1745, no or unknown) (If yes, give word odless of service) (If yes, give word odless of yes, give yes, inquiry or complication which coused death.) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ithis does not means the odless) (If yes, giving inso lot the obove couse (A) stoling the UNDERLYING CONDITION (as stoling the UNDERLYING CONDITION) (as stoling the UNDERLYING) (as stoling the UNDERLYING CONDITION) (as stoling the UNDERLYING) (as stoling the UN	13.	FATHER'S NAM	E			14. MO	HER'S MAIDEN NAN	A E	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CONDITION DIRECTLY LEADING TO DEATH CONDITION DIRECTLY LEADING TO DEATH CONDITION S, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION (a), and the UNDERLYING CONDITION (b) CC. Co.		SIMON E	BERCOWITZ			ANI	NA EDELBERG		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH (Ithis does not meen the mode of dying, e.g., theart folius, estheria, etc. it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the theory of the course (A) stoling the UNDERLYING CONDITION (C). ON ONE AS A CONSEQUENCE OF:	15. (Yes	Was Deceased E	ver in U. S. Armed For	ces? s of service)		17. INFO	RMANT		ADDRESS #21215
DISEASE OR (CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart folius, estheria, etc. It means the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (IA) stotling the UNDRENTING CONDITION lost. (C)						MRS.	AMELIA D. 1	BERCOWITZ.	3812 SEQUOTA AVE.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING ACUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21B. PLACE OF INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21B. PLACE OF INJURY OCCUR? 21D. TIME OCCUR? 21D. TIME OF INJURY OCCUR? 21D. TIME OCCUR? 22B. DATE SIGNED OCCUR? 22B. DATE		UNDERLYING # 2 2 / OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITION last. II CANT CONDITIONS CO I BUT NOT RELATED TO TO INDITION GIVEN IN PAR	NTRIBUTING HE TERMINAL T 1 (A).	(c)				
DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (n	RTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A.		IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21D. TIME OF INJURY OF INJ	AL	21 A. A CCIDEN' OR CONTRIBUT DEATH (notify r	T WAS UNDERLYING TING CAUSE OF medical examiner	21 ho	B. PLACE OF INJURY (e.g., me, form, foctory, street, c :.)	in or abou Iffice bldg.	121C. WHERE DID 1NJURY OCCUR?	(If in Boltim	ore City, give exact location)
that (I) (we) lost sow the deceased alive on		OF INJURY	(Month) (Doy) (Year)	w	hile At C Not Whi	le 📄	21 F. HOW DID INJ	URY OCCUR?	
ond hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 1/31/68 23C. PHYSICIAN'S NAME (Type) DR. MILTON B. KRESS PROPERTY OF CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 25D. DATE REC'D BY HEALTH DEED 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	>	(APPROX.)		1 **	OFK AT WORK				
23A. SIGNATURE 23A. SIGNATURE Attending Med. Director Shoff Director Dire	2		hot (1) (this hospito					1948 to 8	an 3/ 1968
Attending Med. Director Stoff Direct	2	22. I certify t) ottended	the deceased from	Sol	1 0	1	
NAME (Type) DR. MILTON B. KRESS OEGREE MEDICAL ARTS BUILDING 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, town, of county) BURIAL 2-1-68 BALTIMORE HEBREW 125C. FUNERAL DIRECTOR ADDRESS 25A. DATE REC'D BY HEALTH DEED 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS	N	22. I certify t that (I) (we) I and hour and	ost sow the deceose) ottended ed olive on.	the deceased from 30	Se C	68 ond th	1	
BURIAL 2-1-68 BALTIMORE HEBREW BALTIMORE, MARYLAND 25A. DATE REC'D BY PHEALTH DEED 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	N	22. I certify thot (I) (we) I ond hour ond 23A. SIGNATUR	ost sow the deceose from the couses store Blucken) ottended ed olive on.	the deceosed from 3 C	view the	body ofter death. Med. Director	of in (my) (out) o	pinion deoth occurred on the do
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		22. I certify that (I) (we) I and hour and 23A. SIGNATUR 23C.PHYSICIAN NAME (Type)	from the couses stories Plucken TS PC DR. MILTO	ottended old olive on the dolove. B. KR	the deceosed from 3C (1) (We) (did) (did not) At Phy CESS GEGREE	view the ending L. 23D. ADD	Med. Director DICAL ARTS	Stoff Stoff	pinion deoth occurred on the do
SOL LEVINSON & BROS. 6010 REISTERSTOWN 1		22. I certify that (I) (we) I ond hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) A. BURIAL CREMREMOVAL (Sp	from the couses store To DR. MILTO AATION, 248. DATE	ottended olive on ted obove. N. B. KR	(I) (We) (did) (did not) At 200 OBGREE PARTITION OF CREETERY OF	view the ending L. 23D. ADD	Med. Director DO DI CAL ARTS	Shoff BUILDING OCATION	238. DATE SIGNED 1/3//C/8 City, town, or county) (State)
	24/	22. I certify that (I) (we) I ond hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) A. BURIAL CREMOVAL (Sp. BURIAL)	from the couses storie The Couses storie OR. MILTORATION, 248. DATE 2-1-68	ottended of olive on ted obove. N. B. KR 24C.N. BAL	(I) (We) (did) (did not) CESS GEORGE TAME OF CEMETERY OF CR	view the ending C 23D. ADI	Med. Director DI CAL ARTS 24D. Li BAL	Shoff D BUILDING OCATION TIMORE, MAI	23B. DATE SIGNED 1/3//68 City, town, or county) (State)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and (1) the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).

BALTIMORE CITY HEALTH DEPARTMENT 68-1334
68- 1334 CERTIFICATE OF DEATH
BIRTH NO.
Type or Print) 2. DATE AND HOUR OF DEATH 1. DA
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmiss
A. STATE B. COUNTY A. STATE B. COUNTY A. STATE B. COUNTY A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
WHITEMARSH YES NO
MONTEBELLO STATE HOSPITAL E. STREET AND NUMBER BALLA ROAD
130/ 700 1 (12)
SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days Hours Mit
OA. USU'AL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUN
lone during most of working life, even if retired)
3. FATHER'S NAME
WARY F. (GOLDO?) MARY F. (GOLDO?) DEARIN
5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT DI HAMP CHIPT ADDRESS D
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
18. CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERV
BETWEEN ONSET AND D.
LEADING TO DEATH
(A) IMMEDIATE CAUSE (MANY MANY COUNTY OF THE CAUSE OF THE
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
ANTECEDENT CAUSES MANAGE & W. H. A. TOO PERMINE
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR/AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) A.S.C.V.D. HCVD. Archetomellata Gr
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
o of the significant conditions contributing to the terminal of the Death but not related to the terminal of the Death but not related to the terminal of the Death of the Dea
is O
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)
21D. TIME (Month) (Doy) (Yeot) (Hout) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
(APPROX.) While At Work Not While At Work
22. I certify that (1) (this haspital) attended the deceased fram 10-10-190 7a 1-27 196
that (1) (we) ast saw the deceased alive an
and have and from the causes stated abave. (1) (We) did) (did not) view the bady after death.
23A. SIGNATURE 23B. DATE SIGNED
Attending Med. Stoff 1 / ->n-18
23C. PHYSICIAM'S 23D. ADDRESS
NAME (Type)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Sto
REMOVAL (Specify)
BURIAL BALTO. NATL BALTO. MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
J.G. CONNELLY SONS 300 MA
VS 150-REV. 1/1/68 - 1 2 300 (1 1/2)



CO 4225 BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	
I, NAME OF DECEASED / , 12. DATE AND HOUR OF DEATH	
(Type or Print) 1-30-68 11/23	2 D.M.
3. PLACE IN BALTIMORE, MARY AND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before o	dmission)
A. STATE B. COUNTY	4
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	_
South Baltimore Baltimore No Es STREET AND NUMBER	
TO GENERAL Hosp. 6/6 BEach AVE. 53-	00
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months; Doys Hours;	r 24 Hrs. Min.
MITE WIDOWED DIVORCED 2-6-87 80	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT Company of working life, even if retired)	OUNTRY?
RETIFED. Maryland USA	
13. FATHER'S NAME	
1-LN BEED ANN KEllin	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	
UNK 213-07-9439 ANN JOHNSON ABOUT	A YERV A I
BETWEEN ONSET A	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	20
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES ASCVD	,
(B)	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	
UNDERLYING CONDITION IOSI. (C) Dronerogues a eta	2
422.1	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic Osbuelin aving dusan year	w
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
w /	
DR CONTRIBUTING CAUSE OF home form factory street office bldg. INJURY OCCUR?	
DEATH (notify medicol exominer) etc.)	
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
Not While Not Work Not Work	
22. I certify that # (this haspital) attended the deceased from //22 1968 to //30 19	68.
that (we) last saw the deceased alive an 1/30 1968 and that in (w) (aur) apinian death accurred an	
and haur and fram the causes stated abave. (# (We) (did) (#####) view the bady after death.	
23A. SIONATURE 23B. DATE SIGNED	
Attending Med. 55th 102	C.
flerous . Lay W Deorste Phys. Director Phys. 1 1/30/60	
23C. PHYSICIAN'S NAME (Type)	
GErard D. Dobrzycki, Sp. DEGREE 12/3 Light StrEEt.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, or county)	(Stote)
0 - 12 / 8 0 - 14 0 0 0 0 0	
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
J. E. CONVELLY SONS 300 1	MACE

150-REV. 1/1/6B

1968

Rest E. Farbur

J. G. CONVELLY SONS

300 MACE

68- 1336 BALTIMORE CITY HEALTH DEPARTMENT 68- 1336
BIRTH NO.
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Type or Print) Ernest Stane SR. 1-30-68 1 A. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
20 1 1 8 2 - 2/ /2
HOSPITAL OR ADDRESS OR LOCATION)
north charles Gen. Hasp. Baltimore VES NO 4. 2724 no. Charles St. 605 maryland are
2 7 2 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2124 no Capital of 605 maryland (Ive
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
m White WIDOWED DIVORCED 9-9-99 68
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most alsworking life, even if retired)
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
David 14
Advid Stane 15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
UNIX 214-18-5512 Hosp. Charl
18.4/0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (M.) O. All Miller
(A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,)
ANTECEDENT CAUSES Alandia Service & Alandia Ser
(B) 100 CM C - C C C C C C C C C C C C C C C C
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION (asi. (C)
420.1
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21 C/WHERE DID (If in Boltimore City, give exect legation)
OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?
S OF INJURY
Work At Work
22. I certify that (I) (this haspital) attended the deceased fram 1-22- 1968 to 1-30 1968
that (1) (w) last saw the deceased alive on 1-30-1968 and that in(my) (w) apinian death accurred an the date
and haur and fram the causes stated abaye. (1) (#+) (did (did not) view the bady after death.
23A. SIGNATURE
Furnan delenfarred (- DEGREE Phys. Med. Staff 1-30-68
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
GERMAN DE LA TOPPE North Charles kultal Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 13/68 BELAIR MEM. GARDEUS HARFORD MO. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
BURIAL 1/3/68 BELAIR MEM. GARDEUS HARFORD MO. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS TEB 2 1968 PLEAS & Fallence J. G. CONNELLY SONS 300 MAC
VS 150-REV. 1/1/68

The March of the Colored State En Marghan (100 m whit Lavid Stone 214-18-5772 Heap check

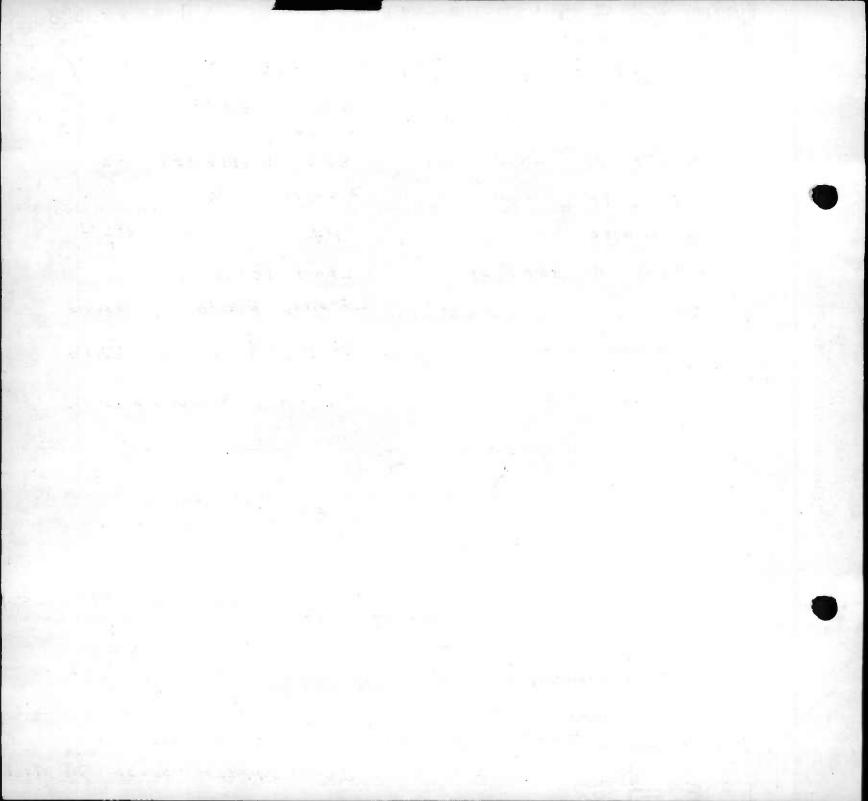
68- 1337 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 68- 1337

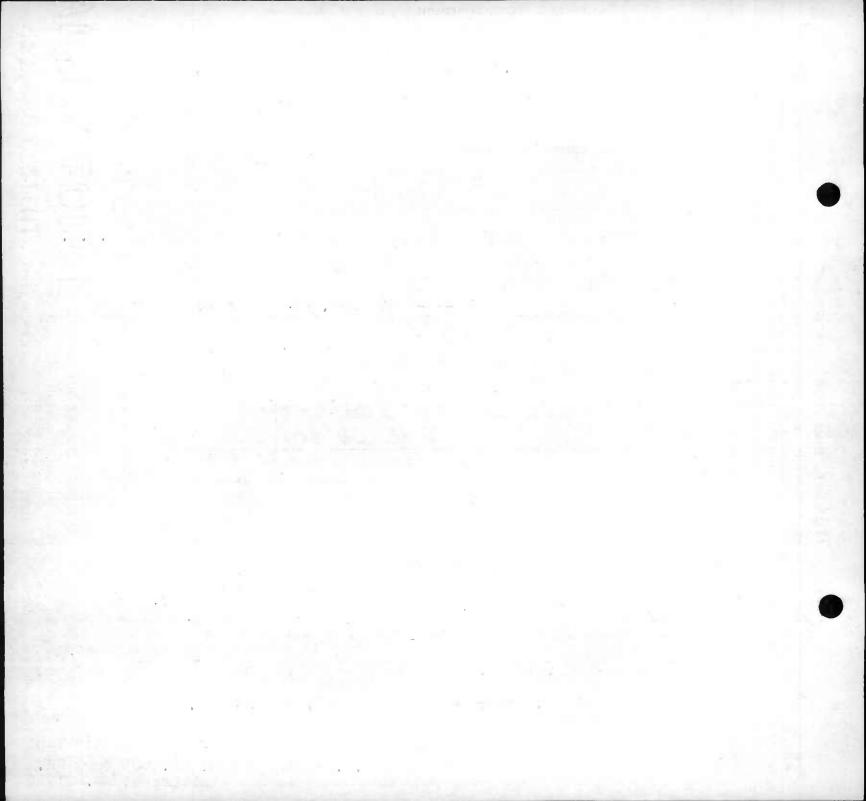
IRTH NO.									REG. NO		
NAME OF DECEASED					2. DATE	Known X	Month	Day	Yeor	Hour	
ype or Print) ISHMAEL HORNE JR.					OF DEATH	Estimated 🔲	January	29. 19	968	3:00 AM.	
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Yeor	Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET						PRON	DUNCED DEAD	January	29, 19	968	3:00 A.
OSPITAL ADDRESS OR LOCATION) R INSTITUTION						5 IISHA1	RESIDENCE (When				
						A. STATE		. В.	COUNTY	0	
Johns Hopkins Hospital						Maryla			DAC	70.00	
SEX 7. RACE B. MARRIED NEVER MARRIED				C. CITY O	RTOWN ES	SEX	. INSIDE CIT	Y LIMITS?			
Male White WIDOWED				DIVORCED [Baltim	ore	YE	s 🔀	NO 4	
				der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER					
12/25/43 lost birthdoy) Mont			ns Days Hours Min.		30 Fen	way Sø	UTH		52-00		
BIRTHPLACE(State or foreign country) 12, CITIZEN OF				ITIZEN OF	13. FATHE	R'S NAME	,, ,	<u></u>			
		,			HAT COUNTRY?		11 4 05	UnD	4 15	- D	
5, 6,	DATIONI/C: 1:	3 (II	AD VINIT	05.5	USINESS OR INDUSTRY		HMAEL		NE	SR,	f
one during mast of w						13. MOIH					
			500		7	N	INA LL	FWIS			
es, ng or unknawn)	ED EVER IN U.	S. ARMED	FORCES	?	17. SOCIAL SECURITY NO.	IB. INFO	RMANT		AD	DRESS	
VES	(ii yes, give wai	Dolles	OI SELVICE	,	2 12- 42- 229	6 56	WORA H	ORNE		AB	BOVE
19	EV	•			CAUSE OF DEAT					A	PPROXIMATE INTERVAL
276	XI									BETV	WEEN ONSET AND DEATH
	E OR CONDITI		CTLY								
	LEADING TO D				(A)IMMEDIATE C	77006	Gunshot w	ound of	head		
heart failure,	at meon the mo , asthenia, etc. It	means the	disease,		DUE TO, OR A	AS A CONSE	QUENCE OF:				
injury or com	nplication which	caused dec	oth.)								
	ITECEDENT CA	LICEC									
	NTECEDENT CA OR CONDITION		GIVING		DUE TO, OR	AS A CONS	EQUENCE OF:				
RISE TO THE	ABOVE CAUS	E (A) STA									
Z	IG CONDITIO	N LAST.			(C)						
= 981	V II			_							
OTHER SIGN	TFICANT COND ATH BUT NOT RE	ITIONS CO	ONTRIBU	TING							
	CONDITION GI										
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.						AS PERFOR	MED	-		21. AUTO	OPSY? (Yes ar Na)
3 3 3 3									7	Yes	
1-27-68 Head wound 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or						in or about	22C. WHERE DID	(If in Boltimore	City, give exp		
The state of the s	OR CONTR			home	, farm, foctory, street, affice	e bldg., etc.)	INJURY OCCUR?				
	USE OF DEATH				Tavern		Herb's B	ar - 240	0 E. Fa	yette	e Street
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?											
OF INJURY (APPROX.) 1-27-68 9:30 P.m. WHILE AT WORK Shot during altercation											
23.											
I cert	ify that I hel	dan 1	nquiry		Inspection Au	topsy X	ond that on	this bosis, d	eoth in my	opinion	
result	red from: Not	ural cau	ses 🔲	A	gident Suicid	le 🗌 🔟	domicide X	Undetermine	d manner		
	01	7	1-	,	1		CHIEF MEDICAL	-	_		
ACTUAL . (ASSISTANT MEDICAL EXAMINER TA							DATE SIGNED				
SIGNATI		0-0	- '	~~	M.D						
EXAMIN	ER'S Char	rles	S. Sp	rin	gate, M.D.	ASS	OCIATE MEDICAL	EXAMINER L	Janu	lary 2	29, 1968
NAME (T		DATE		Tac	C. NAME of CEMETERY	CPEMA	TORY Is a	LOCATION	1Cin to		(5,)
REMOVAL (Speci			1	240	INAME OF CEMEIERY	Ur CKEMA	240	LOCATION	(City, town	or county	y) (State)
BURIAL 2/1/68 BALTO. NATL. BALTO. MA											
SA. DATE REC'D	BY HEALTH DE			4	OF REGISTRAR	25C	FUNERAL DIREC		Al	DDRESS	
1	EB 2	1968	100	R	2. Ja 2	-	-15- 6				300 MA
	No.	.000	Loc	RUL	C. VILLOSSYNSE		5. CON	NELL	70	25	300 147

. THE PROPERTY OF THE PARTY OF TH Annual Harry Towns BLASS SANAM STANAM SPECIAL STANAM STA ati Taran Maran r. dev speriod (1918 and 1918) and very line of the second In the state of th ALC: A Test of the Control of the Co

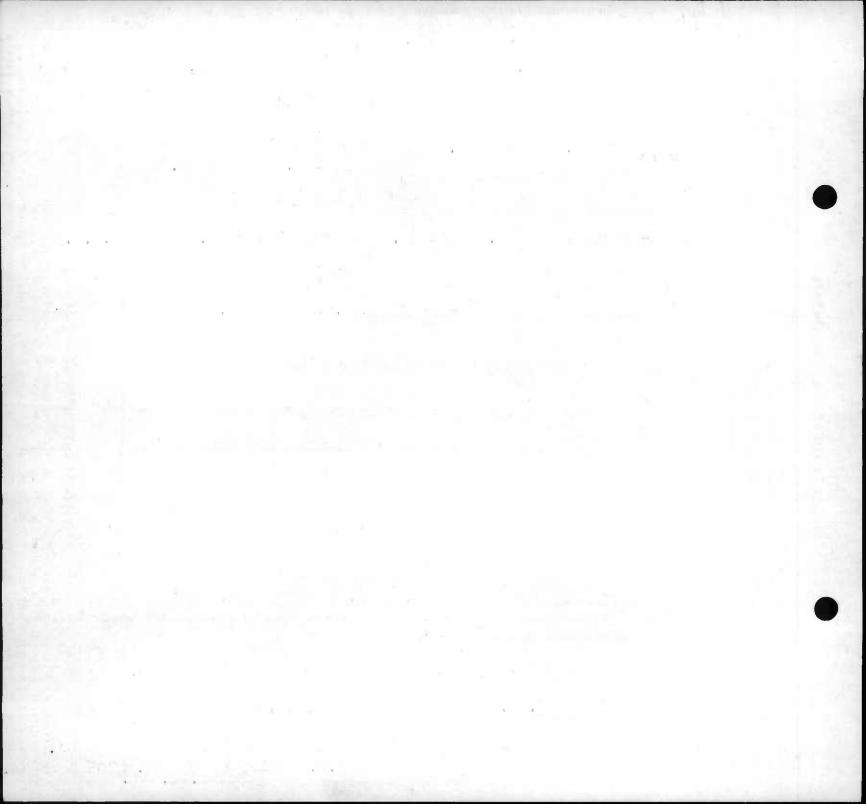
VS 1S0-REV. 1/1/68



	EASED	3- 1339 CERTIFICA		D HOUR OF DEATH		
(Type or Print)		e W. Martin	Tanna	27 27 70	68 7 00 1	
3. PLACE IN BAL		WHERE PRONOUNCED DEAD	January 31, 1968			
			Mary land		7-14	
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN	D INS	IDE CITY LIMITS?	
INSTITUTION				D. 1143	YES NO	
NT	601 Thinha	dan Pond	Baltimore E. STREET AND NUMBER		1532	
00	OOT THIRD.	idge Road	601 Tunbrid	ge Road		
5. SEX	6. RACE	7- MARRIED X NEVER MARRIED			If Under 1 Yr. If Under 24	
M	W		11/25/1882	ost birthday)	Months Doys Hours M	
		WIDOWED DIVORCED L			12. CITIZEN OF WHAT COU	
	working life, even if retired)	AND OF BOSHRESS OF HADOSIKI	THE STATE CALLS OF TOTAL	g coominy,	12. CHILLIN OF WHAT COU	
Sale	sman	Dairy	Massachuset		U.S.A.	
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAM	NE.		
Pat	Mart	in	Hanna			
15. Wos Deceosed	d Ever in U. S. Armed Fo		17. INFORMANT		ADDRESS	
	(If yes, give wor or dote	es of service) SECURITY NO.	Man 77 1	Teener	/gama \	
Yes	WWI	216-07-8527		Isaacs	(Same)	
	G CONDITION lost.	stoling the	Uswe au	elua 1	1 sease	
UN DERLYIN OTHER SIGNI TO THE DEAL OTHER SIG	FICANT CONDITION IOSI. FICANT CONDITIONS CO. TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER	ONTRIBUTING CHE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION REFORMED	e I should be a sh		FINDINGS CONSIDERED USES OF DEATH?	
UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR CO 199. DATE OI OR CONTRIB DEATH (notify	FICANT CONDITION IOSI. FICANT CONDITIONS CO. TH BUT NOT RELATED TO	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, celc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimon	FINDINGS CONSIDERED USES OF DEATH?	
UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR CO 199A. DATE OI OR CONTRIB DEATH (notify) OTHER SIGNI TO THE DEA DISEASE OR CO 199A. DATE OI OR CONTRIB DEATH (notify) OTHER SIGNI TO THE DEA DISEASE OR CO 199A. DATE OI OR CONTRIB DEATH (notify)	FICANT CONDITION IOSI. FICANT CONDITIONS CO. TH BUT NOT RELATED TO	ONTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR WHICH OPERATION TEFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimon		
UNDERLYIN OTHER SIGNII TO THE DEA DISEASE OR CO 19A. DATE OI OR CONTRIB DEATH (notify) O 21 D. TIME	FICANT CONDITION IOSI. FICANT CONDITIONS CO. TH BUT NOT RELATED TO	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, celc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimon		
UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR CO 19A. DATE OF OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.)	G CONDITION IOSI. II FICANT CONDITIONS CO. TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examined (Month) (Doy) (Year)	ONTRIBUTING THE TERMINAL TOTION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At No. Whith work At Work	in or obout 21C. WHERE DID office bldgs, INJURY OCCUR?	(If in Boltimor		
UNDERLYIN OTHER SIGNII TO THE DEA DISEASE OR CONTRIB OR CONTRIB OR CONTRIB OF INJURY (APPROX.) 22. I certify	G CONDITION IOSI. II FICANT CONDITIONS CO. IH BUT NOT RELATED TO TO TO THE CONDITION GIVEN IN PAIL F OPERATION 198. CON WAS PER WAS UNDERLYING UTING CAUSE OF TO THE CONDITION OF THE CONDIT	ONTRIBUTING THE TERMINAL RT 1 (A). 101TION FOR WHICH OPERATION 118. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At At Work 11) attended the deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimon	re City, give exoct locotion)	
UNDERLYIN OTHER SIGNII TO THE DEA DISEASE OR CO 19 A. DATE OF OR CONTRIB DEATH (notify) OF INJURY (APPROX.) 22. I certify that (I) (yet)	G CONDITION Iost. II FICANT CONDITIONS CO. IH BUT NOT RELATED TO TO TO THE CONDITION GIVEN IN PAIL F OPERATION 198. CON WAS PER WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Doy) (Year) y that (I) (This hospital) I last saw the decease	ONTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At At Work The deceased fram ed olive an At Work At Work The deceased fram ed olive an At Work The deceased fram ed	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU	(If in Boltimon	re City, give exoct locotion)	
UNDERLYIN OTHER SIGNII TO THE DEADISEASE OR CONTRIB OR CONTRIB OF INJURY (APPROX.) 22. I certify that (I) (we	G CONDITION IOSI. II FICANT CONDITIONS CO. IIH BUT NOT RELATED TO	ONTRIBUTING THE TERMINAL RT 1 (A). 101TION FOR WHICH OPERATION 118. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At At Work 11) attended the deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU	(If in Boltimon	19 (inion death occurred on the	
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11 -	9 4 6	00 8	BALTIMORE CITY	HEALTH DEPARTMENT	0.5	1000		
111-32	20 6	8- 1	34U CERTIFICA	TE OF DEATH	REG. NO. DC	3- 1340		
BIRTH NO.			CLKIIIICA	TE OF DEATH				
Type or Print)					D HOUR OF DEATH			
			lathews	Janua	ry 31, 1968	12 noon M.		
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	e deceosed lived. If institution	residence before admission)		
FULL NAME OF	(IF NOT IN HOS	PITAL OR IN	STITUTION, GIVE STREET	Mary land	12.	-01		
HOSPITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?				
75	0			Baltimore	YES	NO 🗌		
00	3908 N. (Charle	s St.	E. STREET AND NUMBER				
				3908 N. Cha				
S. SEX	6. RACE	7. MARR	IED X NEVER MARRIED		9. AGE (In years If Un last birthday) Month	der 1 Yr. If Under 24 Hrs.		
M	W	WIDOV	VED DIVORCED	8/11/1891	76			
	UPATION (Give kind of warking life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country) 12. Cl	ITIZEN OF WHAT COUNTRY?		
	-Executive		.Credit_Co.	Poolerillo	Conn	TT C A		
3. FATHER'S NA		COTIE	POLEGIF CO	Rockville. 14. MOTHER'S MAIDEN NAM	VE VE	U.S.A.		
Louis T	eierre Math	20117		Manage Propile				
	d Ever in U. S. Armed		1 6. SOCIAL	Mary Burke		ADDRESS		
Yes, no at unknow	n) (If yes, give wor or d	lotes of servi	SECURITY NO.	INFORMANT		ADDRESS		
Yes	WWI		212-01-7388	Mrs.Katherine	G. Mathews	(Same)		
18. 9 0	0,11		CAUSE OF DEAT			APPROXIMATE INTERVAL		
DISEA	SE OR CONDITION			1				
	LEADING TO DEAT		(A) IMMEDIATE CAU	ISE umphos	sarcoma	2 yrs.		
	nal mean the mode , osthenio, etc. Il mea		DUE TO, OR AS	A CONSTQUENCE OF:				
	mplication which caus		030,					
	ANTECEDENT CAUS	ES	4-2					
DISEASES	OR CONDITIONS, i	il ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************			
	ne above couse (A	A) sloting	1he					
UNDERLTIN	G CONDITION lost.		(C)					
z 200./	- 11							
O OTHER SIGNI	IFICANT CONDITIONS (ATH BUT NOT RELATED TO							
DISEASE OR	CONDITION GIVEN IN E		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDING	GS CONSIDERED		
E A		PERFORMED	ok Willen Olekanon		IN CERTIFYING CAUSES O	F DEATH?		
19A. DATE O	ENT WAS UNDERLYING	зП	21 B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimare City, a	give exact location)		
OR CONTRIB	UTING CAUSE OF y medical examiner)		home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(1. 1.1 201111111111111111111111111111111	, and the second		
U								
OF INJURY	(Month) (Doy) (Ye	ar) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX)			While At At Work			10		
22. I certify	y than (1) (this haspi	tal) attend	ed the deceased fram	ne 6	1958 to Samuer	431 1968		
that Diwe) last saw the dece	sed alive	on January 240	10	ot in (my) (aplnian de	eath accurred an the date		
			in a					
23A. SIGNAT		tarea abav	e. (1) (We) (did) (did nat)	view the body after death.	22 R D	ATE SIGNED		
237.310	0.00	4	Ath	ending Med.	Staff	1,168		
5-10	seph.	DBI	Cena DEGREE Phy	rs. Director L	Phys. 🗆 🔾	11/40		
230 PHYSICI NAME (AN'S Type)			23D. ADDRESS				
	Joseph	D. B.	King	Quadrangle, V	illage of Cro	oss Kevs		
24A. BURIAL CR	EMATION, 248, DATE		C. NAME of CEMETERY OF CR			n, ar county) (State)		
	1. 1.0	R NT	ore Cothe day		7 4 2	363		
Burial	2/3/66 D BY HEALTH DEPT.		ew Cathedral	25C. FUNERAL DIRECTOR	ltimore	ADDRESS		
SER 9	1968 R.C	P- 2	Farley MI	H.W.Jenkin	s & Sons Co. Balto 12. Md	4905 York Rd		
/S 150-REV. 1/1/	4 8/	serie .	,	21 17 6	Balto, 12, Md	•		
1	~ ~ ~							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	11-62	U		BALTIMORE CITY	HEALTH DEPARTMEN	NT ./	CO 4048
1		68-	- 134:	CERTIFICA	TE OF DEAT	H REG. NO.	68- 1341
1, 1	TH NO.					TE AND HOUR OF DEATH	
(Ту	pe prinil 7 -	711160	MAI	IGIE Lee	1	-31-68	9:00PM
3.	PLACE IN BALT	MORE, MARYLAND, W			4. USUAL RESIDENCE		stitution: residence before odmissian)
H	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	MANYLA C. CITY OR TOWN		DE CITY LIMITS?
4	+				Reistersto	wn ser	YES NO
10	ENION.	MEMORIAL			REISTERT		Z BOX-190A
5. :	SEX ±	6. RACE	7. MARRIED [NEVER MARRIED DIVORCED	10 - 63 - 2	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
104	LUSUAL OCCU	PATION (Give kind of work		BUSINESS OR INDUSTRY	/	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
11	^ =	orking life, even if retired)	oc_Sec.	Administrati	on & Winston-	Salem, N. C.	4.5.A
	FATHER S NAM				14. MOTHER'S MAIDEN		
	ROBER	7 MERIT	T		UNICNOU	N	
15. (Ye	Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	, ==, 3		?	Hosp.	Rec.	
	18. 4 5	191		CAUSE OF DEAT	H ,	D A	APPROXIMATE INTERVAL
		OR CONDITION DIE	ECTLY	Treta	scerebral ?	tremerchape	
		LEADING TO DEATH	dvina ea	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
	heart failure, o	asthenia, etc. It means olication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
		NTECEDENT CAUSES	deam./				
		R CONDITIONS, if	anu divina	(B)	A CONSEQUENCE OF:		
	rise to the	abave cause (A)		500 10, 011 /3	A CONSEQUENCE OF		
	UNDERLYING	CONDITION last.		(C)		$I \cdot V$	
z	33/X	11	NITBIBLITING			W. N.	ale
ATION	TO THE DEATH	CANT CONDITIONS CO	HE TERMINAL				
ERTIFICA		OPERATION GIVEN IN PAR OPERATION 198. CON WAS PERI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERT	ACCIDEN		1 P	DI ACE OF INTERNAL	n ot about 215 WHEET 5		
CALC	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medicol exominer	218, hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	ffice bldg., INJURY OCCL	JR? (It in Baltimore	e City, give exoct locotion)
MEDIO	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
1	(APPROX.)		Whi Wor	ile At Not Whil			
	22. I certify	that (1) (this hospital			-31-68	19 68 to /-	3/ 1968.
		lost saw the decease			19 68 .	nd that in (my) (our) opi	nian deoth occurred on the date
			ed obove. (I) (We) (did) (did not) v	riew the body ofter de	ooth.	
	23A. SIGNATUR	2/ /	1	Ass.	andine 🖂 Mad	Shell C	23B. DATE SIGNED
	Klust	V. Alexon	when	DEGREE Phy	s. Med. Director	5 taff Phys.	1-31-68
	PHYSICIAN NAME (Ty	√s pel			23D. ADDRESS		
	RATULUS	1. IDESQUIZA	POTAMO	begree	THE//UNION	MEMORA ALL HO	SPUTALTAC
24	A. SURIAL CREM	AATION, 248. DATE	24C. NA	AME of CEMETERY OF CRI	EMATORY 2	4D. LOCATION (Ci	ty, town, or county) (State)
	Burial	2/3/68		adowridge Cem		Wash. Blvd. How	
25	LEB 2	1968 P.J.	6 8 A	PER REGISTRAR	8. Vernon	Lenemon 4611 P	ark Heights Ave.
VS	150-REV. 1/1/6	В					

T. 64 ... (... L.

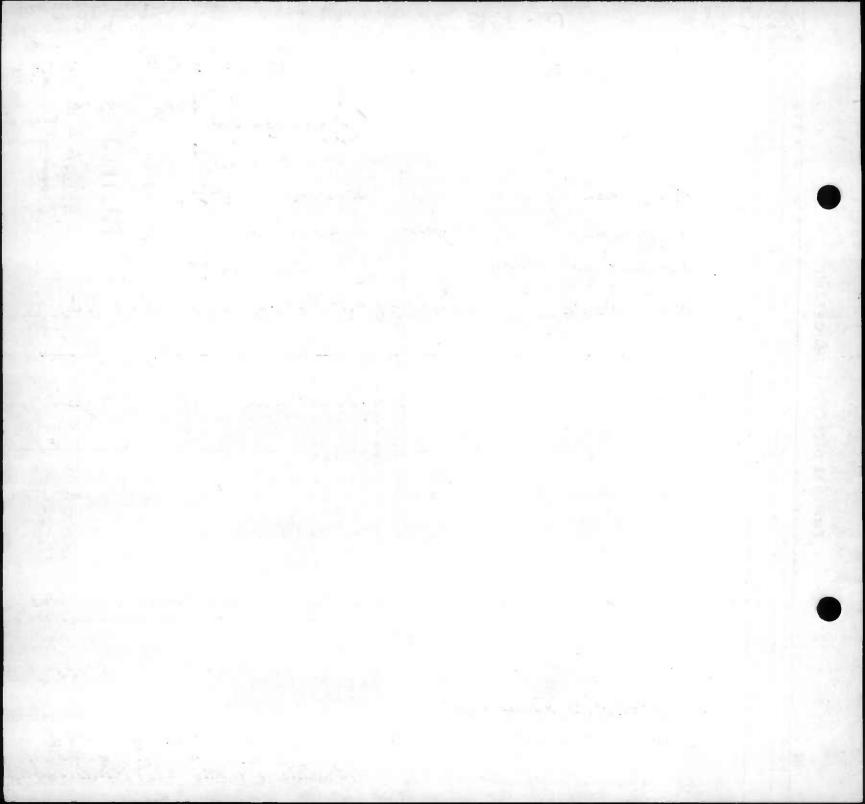
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/68

2/2]	68- 1342 BALTIMORE CITY HEALTH DEPARTMENT 68- 1342
2002	BIRTH NO. CERTIFICATE OF DEATH
at se th	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
73 00 E	(Type or Print) effert. Peters Se 25 m 3 Feb. 1968-2:30 A.M.
40 -	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
ng cause o cause; (5) D attendance ior to deat	HOSPITAL OR ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) GUYOR TOWN
nd of	INSTITUTION INSTITUTION
ause attend or to	Morey down
E- E- 1	2450 Zion Rd 53-00
tribut mined gular sed p made	S. SEX 6. RACE (1) / MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days Hours Min.
regueres is m	SIGNAL WIDOWED DIVORCED DIVORCED 57
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country)
or nde	Dispartener new just
(4) Undet was in the dec	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. Backer Addition
- T - O	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.
는 X D S E	NO NONE 215-09-9541 PUTH PETERS 2430 ZION Rd.
any ced nda or	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of of of of	LEADING TO DEATH (A) IMMEDIATE CAUSE Subaraches it houselys Chis
ono alm	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
parage	injury ar camplication which caused death.)
2000	ANTECEDENT CAUSES (B) At Medican . 425
043-5	DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the
1 ex (3); (3)	UNDERLYING CONDITION last, (C).
edical eburns; (; hysician n was in remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
a range ody	19A. DATE OF OPPRATION 119B. CONDITION FOR WHICH OPPRATION 120A. AUTOPSYZ (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
> 0 + > 0	WAS PERFORMED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? V 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
- 000	218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, factory, street, office bidg., INJURY OCCUR?
Wh.	D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
16 P + 10 S	₩ OF INJURY White At Not While
9725	Work AT WORK
(e) (e)	22. I certify that (this haspital) attended the deceased from 1967 to 1967 to 1967, that (49 (we) last saw the deceased alive an 1967 and that In (aur) apinion death accurred an the date
+ 4 B E 9	and haur and fram the causes stated abave. (M' (We) (did) (dissipation) view the bady after death.
dent deat must	23A. SIGNATURE 23B. DATE SIGNED
ccide ccide a hos to d	Attending Med. Staff See 1860
	23 C. PMSICIAN'S NAME (Type) 23 D. ADDRESS
was r A. at prior	HARRIS FELDMAN DEGREE WEREN COSP.
>5000	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
hows: (as D.C ecease	BUPIAL 2-6-68 LOUGON PARK BALTIMORE, Md
the bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR 46 FUNERAL DIRECTOR 46 FUNERAL JACORESES
# W 3 D 3	Hrando W. Miller 2101 felideller line

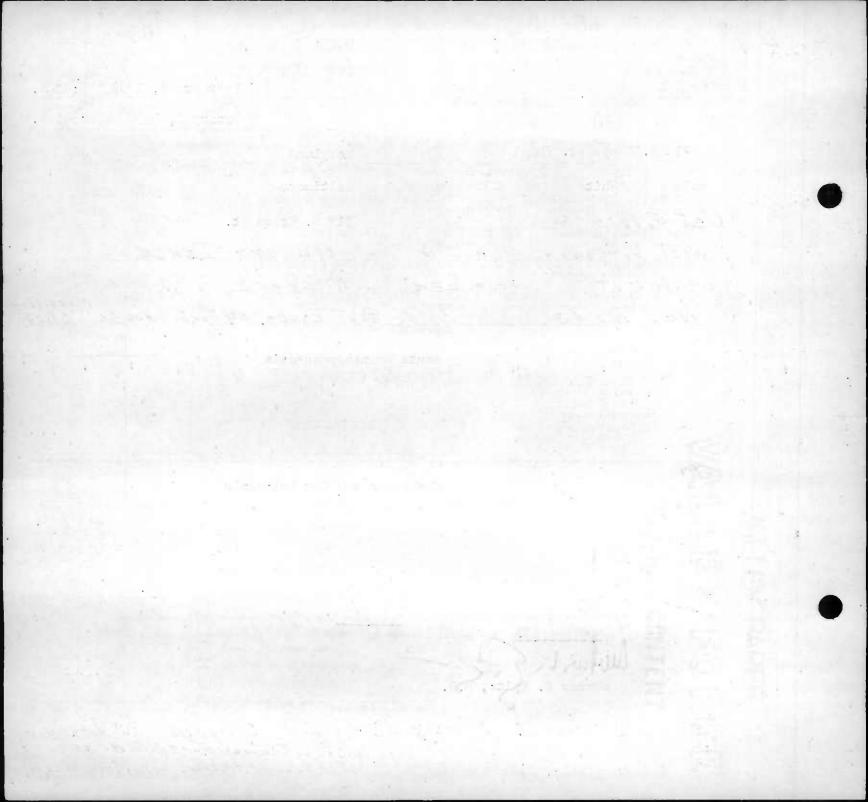


68- 1343 BALTIMORE CITY HEALTH DEPARTMENT

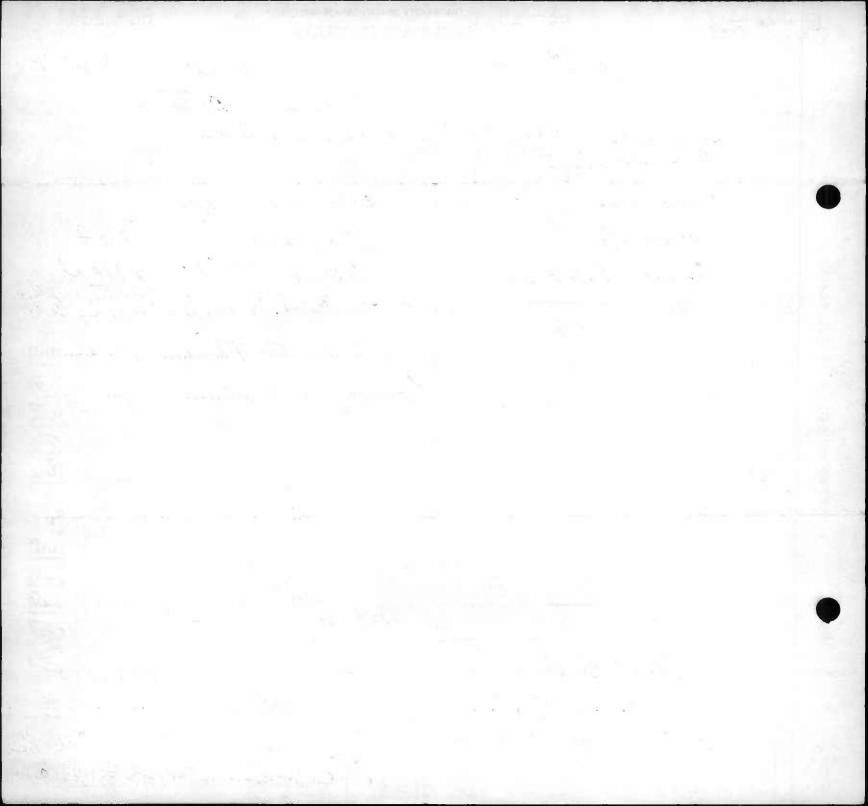
68-	1343	(4

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
MILDICAL		CEKTHICATE		DEPARTE,

BIR	TH NO.						REG	NO	
	AME OF DECE e ar Print)	ASED			2. DATE OF	Known A	Manth Doy		Havr
(1)P	BERT	0.		ISNER	DEATH	Estimoted	February	2, 1968	3:42 A _m .
4. F		IMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	3. DATE		Manth Doy		Hour
HOS	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET		NCED DEAD	Febraary 2		3:42 A _M
7		0 0+	(DO1)	201	A. STATE		deceased lived. If ins B. EQU		before admission)
1	219 E.	Cross St.	(DOA)		Mar	yland	\sim	Cham C	10
6. 9	EX	7. RACE	B. MARRIE	D NEVER MARRIED	C. CITY OR 1	OWN	UP. INSI	DE/CITY LIMITS?	
	male	White	WIDOWE			timore		YES K	NO 🗌
9. [ATE OF BIRTH	10. AGE (If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.	E. STREET AI	ND NUMBER			
0	at 5.	1903 64	"		219	E. Cross	s St.		
11.	BIRTHPLACE (SI	ote ar foreign cauntry)	12	2. CITIZEN OF	13. FATHER'S	NAME			
	WEST	Vienialia	ngt.	WHAT COUNTRY?	1	PLUSA	ss Is	VER	
				OF BUSINESS OR INDUSTRY	15. MOTHER				
done	11:110	orking life, even if retired)	1		P	as la sa	-/	7	
14		DEVER IN U.S. ARME		17. SOCIAL	1B. INFORM	ANT	- [_	ADDRESS	
		(If yes, give wor or dates		SECURITY NO.	217	7	2.18		MASSILLON
_	100	NONE	·	CAUCE OF DEA	11601	LSNER	34 Fore		PPROXIMATE INTERVAL
	19. 48	XI		CAUSE OF DEA	IH				WEEN ONSET AND DEATH
	DISEASE	OR CONDITION DIR	ECTLY	A out o T	2 wanahan	noumonia			
		EADING TO DEATH		(A)IMMEDIATE C	AUSE	neumonia			
		t mean the made of d asthenio, etc. It means th		DUE TO, OR	S A CONSEQU	ENCE OF:			
	injury or com	plication which coused de	oth.)						
	AN	ITECEDENT CAUSES		(-)					
		R CONDITIONS, IF AN	Y, GIVING	(B)	AS A CONSEQ	UENCE OF:			
	RISE TO THE	ABOVE CAUSE (A) ST.							
Z	ONDEREIN	O COMBINON LASI.		(C)					
Ę	4918	ll li							
CERTIFICATION	TO THE DEA	IFICANT CONDITIONS (TH BUT NOT RELATED TO	ONTRIBUTION THE TERMIN	NG NAL Emphyse	ema and	Cor Pulme	onale		
TF		CONDITION GIVEN IN							
ER	20A. DATE OF	OPERATION 208. CO	NDITION FO	OR WHICH OPERATION W	AS PERFORMI	D		21. AUTC	OPSY? (Yes or No)
	2.								Yes
MEDICAL		VAL CAUSE WAS	22	2B. PLACE OF INJURY (e.g.,	in or obout 22	C. WHERE DID	(If in Boltimore City, g	ve exact location)	
ă		□OR CONTRIB- JSE OF DEATH.	n.	ame, farm, factary, street, offic	e blag., etc.) IIV	JORT OCCUR:			
Z	22D. TIME (Manth) (Day) (Yes	ar) (Haur)	22E.INJURY OCCURRED	22	F. HOW DID IN	JURY OCCUR?		
	OF INJURY (APPROX.)			WHILE AT NOT	WHILE				
	23.		n	n. WORK L AT W	ORK				
		fy that I held an	Inquiry	Inspection Au	tapsy XX	and that on t	his basis, death I	n my opinion	
		ed from: Natural ca	-	Accident Suicio		micide 🔲	Undetermined mai		
	resuit		0262 177	Accident _ 30icid		HIEF MEDICAL I		mer 🗀	
	ACTUAL	11100 0 1	. ((CEE)		DATE SIGNED
	SIGNATU	RE WILTING	17/	M.D	ASSIS	TANT MEDICAL I	EXAMINER [A]		0/0/60
	EXAMINE	MOTITOL	U. Spa	tz, M.D.	ASSO	CIATE MEDICAL I	EXAMINER L		2/2/68
24	NAME (T			24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION (Cit	y, town, or county	(State)
	MOVAL (Specif			C. C	1	. 240.		,,,	1/*
	DUPI	AL 2-6	-68	SIMPSON	5 1/43	ONIC	SIMPSO	UW.	VIRGINIA
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C_F	UNERAL DIRECT	OR AL HUN	G ADDRESS	1046
	AND 2-10		0 0 0	0 7.0 45	00	. 0	1 Suill	. 21011	feed : 1
	- L	1968	12 /	2 Stalley BA	1171	anan.	V. Jarren	2/0//	wounder.



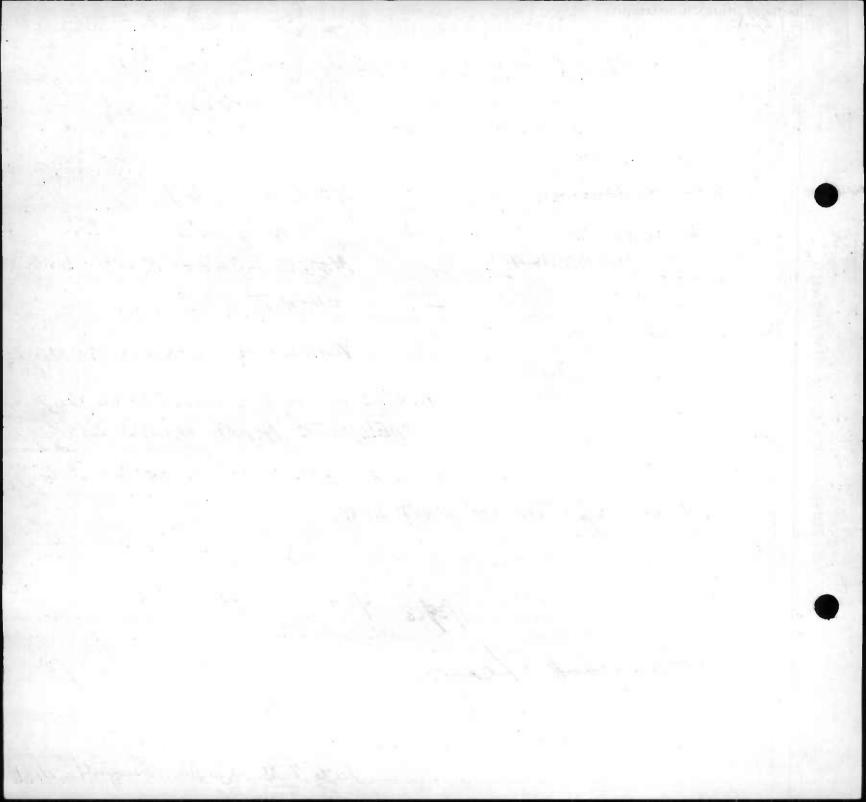
The same	TH NO. E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	68- 1344
1. N	DE OF DECEASED Birdie Ellio	++	2. DATE A	ND HOUR OF DEATH	18 9:1- P
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	0.0	A. STATE B. COU		nstitution: residence before admission)
mala F	FULL NAME OF (If not in hospital or instilution) NSTITUTION The first the state of	Bel Die Ropd	Summitt	jutside city timits, write	RURAL and give township)
9	lines Musing Have Salles	nore, Mr.	Paseel	ale	1
5. S	WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 8 - 24 - 1998	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
	w. USUAL OCCUPATION (Give kind all work 10B, KINE de during most all warking lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME 2	m
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no ountinawn) (II yes, give war or dates al servi	16. SOCIAL SECURITY NO.	Margare 17. INFORMANT	T 11/6/	S- Kenlincky lige
	18. 14. 4. 2. 4. DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH	- Na	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death.)	e.g., DUE TO	into Mescalin	e / huombon	2 //2 hom
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, given is a like obave cause (A) stoting UNDERLYING CONDITION last.	lhe (C)		ioschussis	
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION F	THE Duck	20A. AUTOPSY? (Yes or)	Nol 208 IF VEC WEDE	June_ FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	OR WHICH OPERATION	no	IN CERTIFYING CA	AUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i hame, larm, lactary, street, a etc.)	n ar about 21C. WHERE DID lifice bidg., INJURY OCCUR?	(II in Baltimar	re City, give exact tacation)
1000	21 D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.)	21E. tNJURY OCCURRED White At Not While Work Not Work		IJURY OCCUR?	, , (44)
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	on 1/2	2/19.68 and	19 <u>6 7</u> tathat in (my) (🛩) api	inian death accurred an the date
	and have and from the causes stated above 23A. SIGNATURE Bredle	,	ending Med.	Stofl Phys.	238. DATE SIGNED / 23/68
'	23C.PHYSICIAM'S NAME (Type) Albert. B. Bradley,	M.D. M.D.	4900 Belai	ir Road Bal	lto., Md. 21206
244	A. BURIAL CREMATION, 24B. DATE 24 DEMOVAL (Specify) 1/35/68	asbury Cema	day To	est Deposit	T-Rual-Coed-MH
254	A. DATE REC'D BY HEALTH DEPT. 258. NA/	be E. Ladeuft	See G. Ja	thus n the	on Paryella 1



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

VS 150-REV, 1/1/6B

3	68- 1345 CERTIFICATE	be- 1945
	BIRTH NO. 1. NAME OF DECEASED (Type or Print) I FALDO KATHERINE MARIE	2. DATE AND HOUR OF DEATH SO
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOLINGED DEAD	USUAL RESIDENCE (Where decoased lived, if institution; residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PORT DEPOSIT, Ma
	CENIVERSITY OF MARYLAND HOP	D. INSIDE CITY LIMITS?
	BALTIMORE, E.	STREET AND NUMBER
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. C	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11./ done during most of working life, even if retired)	BUTTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WELL
	13. FATHER'S NAME	MARIE WHEELER EMMA BOWERSON
		INFORMANT ADDRESS
	(Yes, na ar unknown) (If yes, give wor or dotes of service) SECURITY NO.	CHART
	18. 3 96 OI CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE	VENTRICULAR THENYCARDIN 30 MINS
	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury ar camplication which caused death.)	NSEQUENCE OF:
	ANTECEDENT CAUSES (B) AO RTYC	AND MITRAL VALVE DISCASE 20 year
		MATIC HEART DISCASE 25 years
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	PONADE CEREBRAL EMBOUS 3 days
,	U 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
}	WAS PERFORMED TIA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, affice etc.)	obout 21C. WHERE DID (If in Boltimore City, give exact location) bldg., INJURY OCCUR?
3	D 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) While At Not While Mark Not While At Work	
2	22. I certify that (I) (this haspital) ottended the deceased fram that (I) (we) last saw the deceased alive an	19 to 19 8 19 19 19 19 19 19 19 19 19 19 19 19 19
	and hour and fram the causes stated abave. (1) (We) (did) (did nat) view	
	23A. SIGNATURE Attending Phys.	9 Med. Shoff Phys.
	23C. PHYSICIAN'S NAME (Type) 23D.	ADDRESS
2	OEGREE 24A. BURTAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMA 24C. NAME of CEMETERY OF CREMA	TORY 24D. LOCATION (City, towngor county) (Stote)
)	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	refery Cesary Sur Md
	1308 OLD 52 30 July 14	I dat / A Par 11 mg



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7-7	40

68-	1346	BALTIMORE CITY HEALTH DEPARTMENT	
ME	DICAL E	EXAMINER'S CERTIFICATE OF DEATH REG, NO. 68-	134

BIF	RTH NO.					REG. N	0.00	TOAO	
	NAME OF DECEASED		2. DATE	Known 🔀	Month	Doy	Yeor	Hour	
(1AI	pe or Print)	c	OF DEATH	Estimoted	1	17	68	8:15	24
4	GEORGE H. JONE PLACE IN BALTIMORE, MARYLAND, WHERE PR		3. DATE		Month	Dov	Yeor	Hour	a M.
	L NAME OF (IF NOT IN HOSPITAL OR INST			NCED DEAD					
HO	SPITAL ADDRESS OR LOCATION)						, 1968		
OK	INSTITUTION		5. USUAL RES	SIDENCE (Where		ed. If institut		before odmiss	ion)
	1606 Pennsylvania	Ave		aryland		. COUNT	1	12	
6.		ED NEVER MARRIED	C. CITY OR T			D. NSIDE	CITY LIMITS	1)	2
						1		The output	
_	ale Colored WIDOW		Baltin				YES X	NO L	
	DATE OF BIRTH 10. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AN	AD MAWREK		,			
	Dec. 22, 1909 58?		1606	PENN.	SULV	ANIA	. ,	AVE.	
		12. CITIZEN OF	13. FATHER'S	NAME	0				
	Me .	WHASCOUNTRY?	W	illiam	Jones				
144	.USUAL OCCUPATION (Give kind of work 14B. KIND	OF BUSINESS OR INDUSTRY							
don	e during most of working life, even if retired)			ebecca					
					?				
	WAS DECEASED EVER IN U.S. ARMED FORCES s, no or unknown) (If yes, give wor or dotes of service)		IB. INFORMA				ADDRESS		
1.0	s, no or onknown, (ii yes, give wor or or ores or service)	SECORIT NO.	Rich	ard L.	Myers	Sr.	larks	ville	M
	19.	CAUSE OF DEA					Al	PPROXIMATE IN	TERVAL
	130 X						BETV	VEEN ONSET AN	ID DEATH
	DISEASE OR CONDITION DIRECTLY	Garc	inoma o	f the eso	phagus				
	LEADING TO DEATH	(A) IMMEDIATE C	AUSE						
	(This does not mean the mode of dying, e.g., heart follure, osthenio, etc. It means the disease,	DUE TO, OR A	AS A CONSEQU	ENCE OF:					
	injury or complication which coused death.)								
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	AS A CONSEQU	HENCE OF					
	RISE TO THE ABOVE CAUSE (A) STATING THE	DOL 10, OK	AS A CONSEQU	DENCE OF.					
2	UNDERLYING CONDITION LAST.	(C)							
CERTIFICATION	16" a V								
4	OTHER SIGNIFICANT CONDITIONS CONTRIBUT								
LE LE	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL							
E	20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION WA	AS PERFORME	D			21 AUTO	PSY? (Yes or	r No)
180	O DAIL OF GENERAL CONDINGER	OK WINCH OF EKAHOR WA	-S IERI ORME				I AOIO	131: (,
					71.76			No	
MEDICAL		22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22	C. WHERE DID ((If in Boltimore	City, give	exoct locotion)		
ă	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	nome, torm, tociory, sireer, office	e bldg., elc./ II4.	JOHN OCCOR:					
Σ		22E.INJURY OCCURRED	22	F. HOW DID IN	JURY OCCU	R?			
	OF INJURY (APPROX.)		WHILE						
	· · · · · · · · · · · · · · · · · · ·	m. WORK AT W	ORK						
	23.								
	I certify that I held an Inquiry	Inspection X Au	topsy	and that on th	his basis,	death in n	ny apinian		
	resulted from: Natural couses, X	Accident Suicid	le Hom	nicide 🗌 📗	Undetermin	ed manne	r 🔲		
			CI	HIEF MEDICAL E	XAMINER				
	ACTUAL AND A	MIRA	ASSIST	ANT MEDICAL E	YAMINED			DATE SIGN	IED
	SIGNATURE	M.D							
	EXAMINER'S	an W D	ASSOC	CIATE MEDICAL E	XAMINER			1000	
2.4	NAME (Type) Edward F. Wil		CDEMATOR	V [045]	LOCATION		uary 17		
RE	A. BURIAL CREMATION, 24B. DATE MOVAL (Specify)	24C. NAME of CEMETERY	ar CKEMAIOR	24D.	LOCATION	(City, to	own, or county) (Stot	e)
	MOVAL (Specify) uriel 1-29-68	Balto. Na	etion-3		Caton	svill	Le, Ma		
<u> </u>		AME OF REGISTRAR		NERAL DIRECTO		1	ADDRESS	4	
-	10	a fine	/	1	4-1	1		0	
	FEB 5 1968 (1) 0	Br & Fra. On the		5 best	1	Su	m	ile	_
V/C	151 PEV 1/1/AP				- / - /				

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VS 150-REV. 1/1/6B

00	10.00	BALTIMORE CITY HEALTH DEPARTMENT
00-	1347	CERTIFICATE OF DEATH

/	68	1347
NO		70 70

BIRTH NO.	CERTIFICA	TE OF DEATH	/\		
1. NAME OF DECEASED (Type or Print) CHARL	ES SANDERSON		D HOUR OF DEATH	/1.20 D	
		1-30-68 4:20			
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT	TY		
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET		ANNE ARUNDE		
OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE C		
THE JOHNS HOPKINS	HOSPITAL	DEALE STREET AND AUTABER	YES	s No X	
33		Box 96		32-00	
SEX 6. RACE 7. MARR	IED NEVER MARRIED		ost birthday) If	Under 1 Yr. If Under 24 Hrs	
MALE WHITE WIDOV	VED DIVORCED	4-10-14	53		
OA. USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country) 12	CITIZEN OF WHAT COUNTRY	
one during most of working life, even if retired) Mgr Restaurant	50 K	Wash.,D.C.	= 17 1 1 1	U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E		
ELWOOD SANDERWON		Dorothy	CKETT		
5. Was Deceased Ever in U. S. Armed Forces? 'es, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
Yes WII	579-38-709		y M.Sanders		
18.4.10,9	CAUSE OF DEAT	H	addres	BETWEEN ONSET AND DEAT	
DISEASE OR CONDITION DIRECTLY		11 + 1 · 1	0	2/1	
LEADING TO DEATH	(A) IMMEDIATE CAU		ve	DM	
(This does not mean the mode of dying, heart failure, osthenio, etc. It means the dise		A CONSEQUENCE OF:	0	\$4.65-11T	
injury or camplication which caused death.)	1-	1 1 1	1	21.	
ANTECEDENT CAUSES	(B) /W	10 Coural wife	arction	Jur	
DISEASES OR CONDITIONS, if any, girise to the obove couse (A) stating	viii g	A CONSEQUENCE OF:			
UNDERLYING CONDITION last.	(C)	***************************************			
42011					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI					
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).		Tag.			
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	YES	10 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID iffice bidg., INJURY OCCUR?	(If in Boltimore Cit	ty, give exact location)	
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?		
₩ OF INJURY (APPROX.)	White At Not While Work At Work	le 🔲			
		1 2	1968 to 1/30	10/2	
22. I certify that (I) (this hospital) attend			was a second sec	19.09	
that (I)(we) lost sow the deceased alive		· ·	or in (my) (our) opinion	n death occurred on the da	
and haur and from the causes stated above	e. (I) (We) (did) (did not)	view the body ofter deoth.		DATE MANY	
23A. SIGNATURE	40	anding [Al		B. DATE SIGNED	
Thomas C. Bu	DEGREE Phy	ys. Director L	Shaff Phys.	1/30/68	
23C. PHYSICIAN'S		23D. ADDRESS	0. 1		
THOMAS C.		601 N-	Droadwar	1	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR		OCATION (City, 1	lown, or county) (State)	
REMOVAL (Specify)					
Burial 2/2/68	Baltimore Nat		ltimore, Md	ADDRESS	
25A. DATE RECID BY HEALTH, DERT. 25B. NA	ME OF REGISTRAR	Funeral Hon	MATTAN. 9	Rainier Md.	

a which have

Hogerthan has ear and 79 year

TOTAL SECTION

600	00-1349	TE OF DEATH REG. No. 68-1349
death eased n the Such	BIRTH NO. 1. NAME OF DECEASED (Type or Print) Mary Gray	2. DATE AND HOUR OF DEATH FEBRUARY 3, 1968 10 67 A
Dec of the property of the pro	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A, STATE B, COUNTY
hospita ise of (5) Dec ance o death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Virginia King George
cau cau se; end to	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO
ring car	90 Gould Nursing Home	E. STREET AND NUMBER Rt. 2 Box 290 V-43
tribut tribut minec gular sed p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors lost birthday) 16 Mare 1885 82 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
con con in re ecea	10A. USUAL OCCUPATION(Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during mast of working life, even if retired)	
E. C. D.	Homemaker Own home	King George Co. Va. U.S.A.
direct; (4) U; (4) U; wain the dispos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ind; (veath	Alexander Totts 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mary Cakley 17. INFORMANT ADDRESS
ジェッカット	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	T Mrs. Browning (daughter)
if thany hand	18. 4/2, 9 125 9 CAUSE OF DEAT	
So no de	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rellance las Ith an hours
onon alme	(This daes not meen the made of dying, e.g., DUETO, OR AS	A CONSEQUENCE OF:
ner act pr pr	injury ar complication which coused death.)	excloratic C-V disease 15 you
A fr who reg	DISEASES OR CONDITIONS, if only giving	ACONSTQUENCE OF:
e X C	rise to the obave cause (A) stating the UNDERLYING CONDITION last.	aletes mellitis
ic ci s;	Z OVERSON SIGNAL CONTRIBUTIONS OF A OL	0 10 100
f medic medic y burr physi ian w	TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF CUT ALL	Concussion Jan 10, 1968)
hief a r ody he sici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by tal by t; (2) B here t do phy before	OR CONTRIBUTING CAUSE OF	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg, INJURY OCCUR?
7 V - Z	DEATH (notify medical examiner) etc.)	
pt (6)	OF INJURY (APPROX.) ODE INJURY (APPROX.) ODE INJURY (APPROX.) ODE INJURY (APPROX.)	
こら > x E to	22. 1 certify that (1) (this heaptrol) attended the deceased from	anuary 18 108 10 Feb 3 1968.
app to the fan (e) (n); a	that (1) (was) last saw the deceased alive an Reliving	2 9 60 and that in(my) (eve) apinian death accurred an the date
0 0 0 -	and haur and fram the causes stated above. (1) (#6) (Jib) (did nat)	view the bady after death.
d de la	23A. SIGNATURE AMPhy	ending Med. Staff Director Phys. D
was re An ac L. at a prior	23C. PHYSICIAN'S NAME (VPP)	23D. ADDRESS
w w () A (24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CR	EMATORY [24D. LOCATION (City, fown, or county) (Stote)
body was r ws: (1) An a D.O.A. at eased prior	REMOVAL (Specify) Burial 2/5/68 Oakland Cemete	
This certificate m the body was relishows: (1) An acci was D.O.A. at a f deceased prior to	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR PAGES REPUT PAGE ADDRESS
* \$ \$ \$ \$	5 1968 DO 69 Fallens	Singieton Funeral Home, Glen Burnie, Md.

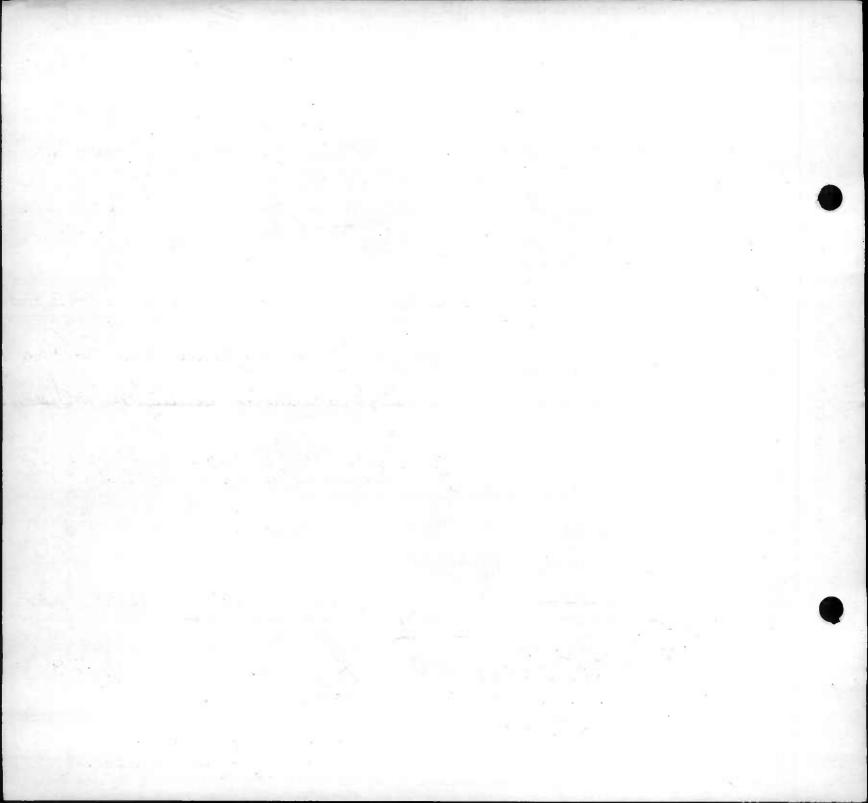
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VS 150-REV. 1/1/68

0.0	1350	BALTIMORE	CITY	HEALTH	DEPARTMENT
161	1.3.711		_		

REG. NO.	68-	1350
110.110.		

	RIPT	rh NO.	00 1	CERTIFICA	TE OF DEAT	TH REG. NO.—		
1	1. N	AME OF DECEASED	THOMY O	PATI -	2. DA	TE AND HOUR OF DEATH	16.0	
	(Тур	Type of Print) ANTHONY OETTL			January 31, 1968 6115 Pm.			
	3. P	PLACE IN BALTIMORE, MARYLA	AND, WHERE PRO	NOUNCED DEAD	A. STATE B.	E (Where deceased lived, If i COUNTY	institution: residence before admission)	
	FUL	LL NAME OF (IF NOT IN	HOSPITAL OR IN	STITUTION, GIVE STREET	Md., 2	1213	26-05	
	INS	SPITAL OR ADDRESS O	R LOCATION/		c. CITY OR TOWN. Baltim		SIDE CITY LIMITS?	
		2015 Chas	+	d A	E. STREET AND NUM	BER	YES NO NO	
	(3215 Ches Baltimore	Md.	21213	3215 C	hesterfield		
	5. S			ED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
		ale white	WIDOV		3/11/05	62		
		. USUAL OCCUPATION (Give kin a during most of working lite, even if	retired)			or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
		Welder	Bet	h.Steel Corp.			U.S.A.	
	13. [FATHER'S NAME	OFTTI		14. MOTHER'S MAIDE	in name In own		
		JOSEPH				IIOWII		
	1S. V	Wos Deceased Ever in U.S. Ar s,no or unknown) (If yes, give wo	med Forces? r or dotes of servi	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0:1	ADDRESS	
	1	no		213-09-3454	,	nee Sichard	Oettl, wife, above	
		18.4/2,9 1		CAUSE OF DEAT	Н	b	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		DISEASE OR CONDITI		(A) IMMEDIATE CAL	" Bouto	Congestion	Heart Failure	
		(This does not meen the m heart failure, asthenia, etc. It		DUE TO, OR AS	A CONSEQUENCE OF:	a viguent	read vacation	
		injury or complication which			+ . //	Z. /U	1-1/1/1/1	
		ANTECEDENT C	AUSES	(B) W	verioscle	roleo ard	w lescular Closage	
		DISEASES OR CONDITION		9	A CONSEQUENCE OF:			
2		UNDERLYING CONDITION		(C)		1 10		
	z	4-22,/	NE CONTRIBUTU	is B. Sel	ere acu	te hoftpe	use tufection.	
	ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED ISEASE OR CONDITION GIVEN	ED TO THE TERMIN		epere B	rouched (istitue.	
:		19A. DATE OF OPERATION 19		OR WHICH OFERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED AUSES OF DEATH?	
,	ERTIFIC							
		21A. ACCIDENT WAS UNDERI OR CONTRIBUTING CAUSE DEATH (notify medical examine	OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	ffice bldg., INJURY OCC	UR?	ore City, give exact location)	
1	U	21D. TIME (Month) (Day)		21E. INJURY OCCURRED	215 HOW D	ID INJURY OCCUR?		
		OF INJURY	(160)	While At Not Whil	e 🗀	ID INJORT OCCUR.		
			1 - 1 - 1 - 1	Work At Work	1/3/	10/8/	1/3/ 1065	
5		22. I certify that (I) (this h	Co. Till. I de a conc	1 / 00 1	1	and that in (my) (aug) as	pinian death accurred on the date	
2	that (!) (we) last saw the deceased alive an							
9		23A. SIGNATURE	200				23B. DATE SIGNED	
		01	8 Sure	M D Ath	ending Med. Director	Shaff Phys.	2/1/68	
		23C. PHYSICIAN'S NAME (Type)	2 0 0		23D. ADDRESS	1 A		
1		Dr. L.	. B. Ste	vens	3400 Erc	lman Ave.		
5	24A	REMOVAL (Specify)		NAME of CEMETERY OF CR			City, town, or county) (State)	
	L			ardens of Fai		Baltimore,		
	25A	C. DATE REC'D BY HEALTH DE	0 0	AE OF REGISTRAR	Schimune	K Funeral He	ome, Inc.	
•		EEB 5 196	U UILLENELL	E Janey MA	3331	Brehms Lane		

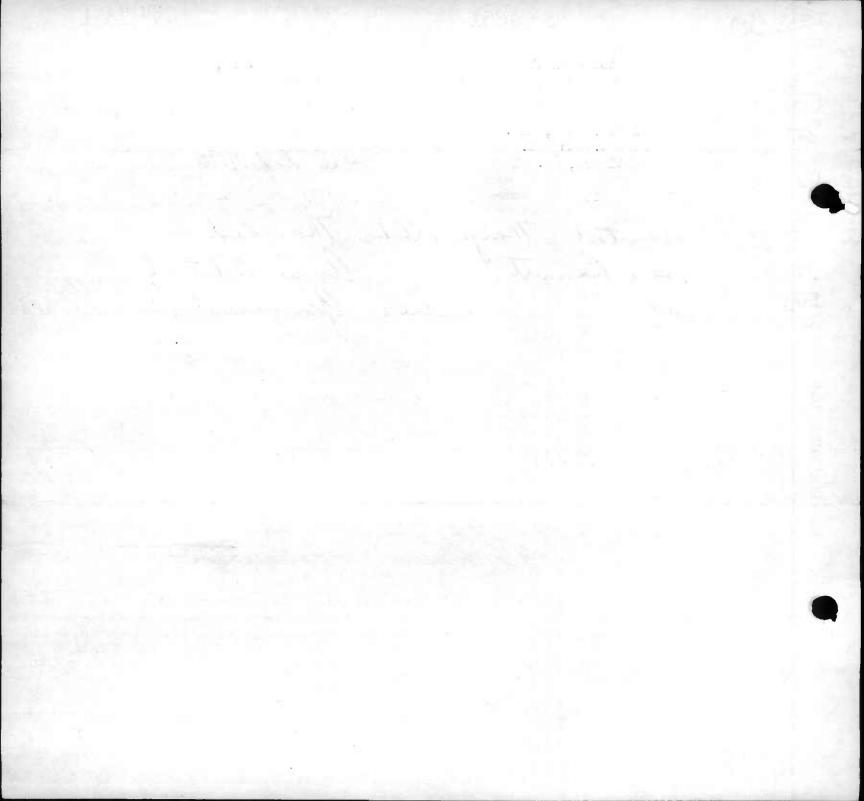


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0	TOOT	CEDT

LTIMORE CITY HEALTH DEPARTMENT

REG. NO.68- 1351

CERTIFIC	CATE OF DEATH
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Peyton Bennett	Jan. 21, 1968
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	7 1 14-02
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Ge Midtown Home, Inc.	Baltimare YES NO [
808 St. Paul St.	E. STREET AND NUMBER
Baltimore, Md. 21202	426 Lafazette line
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Male White WIDOWED DIVORCED	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS:	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
++ 1 Ma. 10 / (1)	L. Maryled 1.00
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 B. 11	11 71-1
15. Was/ Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS)
(Yes/no or unknown) (If yes, give wor or dates of service) SECURITY NO.	- payans you
213-01-1828	
18. 4/2.9 CAUSE OF DE	EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cau	der Respusty talling
(A) IMMEDIATE (
heart loilure, osthenia, etc. It means the disease, injury or complication which caused death.)	as a consequence of:
ANTECEDENT CAUSES	1. De si auto
(B) CCC	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) stating the	A A CONSEQUENCE OF
UNDERLYING CONDITION last. (C).	ulity
- 422:1 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) Nome, form, factory, street, etc.)	i, office bldg., INJURY OCCUR?
D 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	
(APPROX.) Work At W	
22. I certify that (I) (this haspital) attended the deceased fram	1 ./-
that (I) (we) last saw the deceased alive an	1968 and that in(my) (an) opinion death accurred an the date
and haur and fram the causes stated above. (1) (We) (did not	at) view the bady after death.
23A, SIGNATURE	23B. DATE SIGNED
A 111 M J JIII W B D J M J	Attending Med. Staff Phys. 1/23/68
23 C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	DG615 GETStenstom Rd.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	GREE COOP
MEMOVAL (Specify)	000 + 00 %.1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	125C. FUNERAL DIRECTOR ADDRESS
	25C. FUNERAL DIRECTOR ADDRESS
1000 0000	Ke www Managran Paciel M
VS 150-REV. 1/1/6B	



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68- 1352 BALTIMORE CITY HEALTH DEPARTMENT

TOUR BALLIMOKE CITT			10-0
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	68-	1352

1. NAME OF DECEASED (Type or Print) 1. NAME OF DEATH 1. NAME OF	<u>л.</u>				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 6. SEX 7. RACE Male White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In yeors lost birthday) 11. AGE (In yeors lost birthday) 12. Tolna Street 3. DATE PRONOUNCED DEAD January 29, 1968 5:00 A. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Haryland C. CITY OR TOWN Baltimore YES NO 10. AGE (In yeors lost birthday) 3. DATE PRONOUNCED DEAD January 29, 1968 5:00 A. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY Baltimore YES NO 10. AGE (In yeors lost birthday) STREET AND NUMBER STREET AND NUMBER STREET AND NUMBER STREET AND NUMBER	VI.				
ADDRESS OR LOCATION) ADDRESS OR LOCATION) Lutheran Hospital 6. SEX Male White Widowed Divorced Male White Widowed Divorced Baltimore Manuary 29, 1968 5:00 A. S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS? Wale P. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Hours Mainths Days Hours Min. Hours Min. Street S-28-1936 T. RACE Manuary 29, 1968 5:00 A. S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) B. COUNTY D. INSIDE CITY LIMITS? NO STREET AND NUMBER S-28-1936 Tolna Street					
Lutheran Hospital 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Male White WIDOWED DIVORCED Baltimore YES NO 9. DATE OF BIRTH 10. AGE (In yeors lift Under 1 Yr. If Under 24 Hrs. lost birthday) STREET AND NUMBER S-28-1936 STREET AND NUMBER S12 Tolna Street	м.				
Lutheran Hospital 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Male White WIDOWED DIVORCED Baltimore YES NO 9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. STREET AND NUMBER S-28-1936 Street	Marketon's				
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Male White WIDOWED DIVORCED Baltimore Sex No 9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Sex Sex	7				
9. DATE OF BIRTH 10. AGE (In years left Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths; Days Hours; Min. 512 Tolna Street					
8-28-1936 ost birthday) Manths, Days, Hours, Min. 512 Tolna Street					
8-28-1934 31 512 Tolna Street					
WHAT COUNTRY?					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND, OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	_				
Burning School Shipyard Mary Kelly					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL IB. INFORMANT ADDRESS	-				
(Yes, na ar unknown) (If yes, give war or dates af service) SECURITY NO. 18 SE	dt				
19. CAUSE OF DEATH APPROXIMATE INTERVA					
DISEASE OR CONDITION DIRECTLY Hemomediastinum and left hemothorax	TH				
DISEASE OR CONDITION DIRECTLY REMOMENDED AS LITTUM AND LETT REMOMENDED.					
(This does not mean the made of dying, e.g., (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)					
ANTECEDENT CAUSES Lacoration of sorts					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
C)					
FE817.4 II					
(C)					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)					
(Partial)					
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or about) 22C. WHERE DID (If in Baltimore City, give exact location) 12D UNDERLYING FOR CONTRIB. 22B. PLACE OF INJURY (e.g., in or about) 22C. WHERE DID (If in Baltimore City, give exact location) 12D UNDERLYING FOR CONTRIB. 22B. PLACE OF INJURY (e.g., in or about) 22C. WHERE DID (If in Baltimore City, give exact location) 12D UNDERLYING FOR CONTRIB.					
UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. Dame, farm, foctory, street, affice bldg., etc.) INJURY OCCUR? Baltimore National Pike Date Lane highway West of Chapel Gate Lane	nel				
22D TIME (Month) (Day) (Year) (Hour) 22E INTITRY OCCURRED 22E HOW DID INTITRY OCCUR?	-7				
OF INJURY (APPROX.) 1-29-68 2:55 A. m. WORK AT WORK X. Passenger in auto-fixed object collis	ion				
(Partial)	LOH				
I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinian					
resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner					
CHIEF MEDICAL EXAMINER					
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER X					
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER January 29, 1968					
NAME (Type)					
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial 2-1-68 Woodlawn 11Cas					
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR / A ADDRESS // A					
TED F ADDO A MELET DA					
FEB 5 1968 Reb & Falons Thelma a. Affman 3218 Hug					

JE81-85-8 -Hussell mi. arming select shippent morny Helley 25 32-356 The shall Bear O 618 5 Ter. 1 are of the beautiful and in the second of the second A. and solid to self a grant Burles 2-1-66 Weedlawn This is the Afference 2201

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

REG.

REG. NO. 68- 1353

2005	BIRTH NO.
and ased the	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
_ 70 0 E	ELIZABETH KLASS Van. 30, 1968 10:30 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
Sp. Ce Do	A. STATE B. COUNTY
nos (5) and de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
od; ed	D. INSIDE CITY LIMINS?
T tel	711 S. Ellwood ave. E. STREET AND NUMBER SOD
a to	711 S. Ellwood We. E. STREET AND NUMBER 900
de grade	111 S. alwood we.
2000	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
occu ontri ermi regu regu is m	F WIDOWED 1 DIVORCED 3-23-1867 100
00 - 0 -	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
or nde s in	Homemaker mel.
de Gas	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
at it death direct or c ; (4) Undet h was in in the dec disposition	adam Hamer?
dig in the series	
ind eat eat	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 17. INFORMANT SECURITY NO. 18. 19.
the the kin de nce fina	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. miss Dora Klass 7118. Ellwood
as it as addard day	18. 4/29 CAUSE OF DEATH APPROXIMATE INTERVAL
o b o o o	DISEASE OR CONDITION DIRECTLY
Als att	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenio, etc. It means the disease,
0 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	(This does not meen the made of dying, e.g., heart failure, asthenio, etc. It means the disease,
507766	injury ar camplication which caused death.)
fra o	ANTECEDENT CAUSES
Te A Pa	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
S E E	rise to the above couse (A) stating the UNDERLYING CONDITION last.
D = D s.E	
lico lico rns sic sic	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
re in hy	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
dy dy he in be	Considered Condition Given in Part 1 (a). U 19A. Date of Operation 19B. Condition for which Operation 20A. Autopsy? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
chi Bo Bo th th ysi	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
by by or	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
e e e e	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? etc.)
P it of b	O 21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
osl osl (6)	OF INJURY While At Not While
a de la	Work At Work
pro the ny ex ex	22. I certify that (I) (this haspital) attended the deceased from 19 to
e ; (e	that (I) (we) lost sow the deceased alive on
sed to sed to sed to spita eath	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
eased ident hospit o deat	23A. SIGNATURE
must celease ccider a hosp to de	Jujann aflatoni agent Attending Med. Staff Phys. Staff Phys. 1/3//68
0 - 0 - >	23C. PHYSICIAN'S NAME (Type)
ificate y was 1) An 1.A. at d prio appro	1) A M. HILHSTEIN/ IN S. HILHHAMI KHAF ANTO, ULLY
A A d d	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify) 2 2-68 Mt. Carried.
nis cer ne bod nows: as D.C ecease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	FEB 5 1968 R. O. R. S. Fr. Osman Thelma a Hoffman 3218 Kudemit
アナジ メロメ	The state of the s

ne Verreeze Mary Horas King a series in the first that the a hospital and of death cause; (5) Deceased

cause

contributing

IMPORTANT

DIRECTOR:

FUNERAL

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CERTIFICATION

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4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

8 - 4 -	0.0	BALTIMORE CITY HEALTH DE		
BIRTH NO.	68-	1354 CERTIFICATE OF	DEATH	
Type or Print) ERNST BE	RIFER	GEORGE M.	2. DATE	

GEORGE

2. DATE AND HOUR OF GEATH

1	11	3	0	

,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ 1 0 .	- / \			
3. PLACE IN BA	ALTIMORE, A	ARYLAND,	WHERE	PRONOUNCEO	OEAC)
FULL NAME O HOSPITAL OR NSTITUTION	F (IF N	OT IN HOSI RESS OR LO	PITAL OR CATION)	INSTITUTION,	GIVE	STREET
31		2-11	1000	10/5		

* MARYLANI) C. CITY OR TOWN

DATE OF BIRTH

17. INFORMANT

D. INSIDE CITY LIMITS? YES 🖳

Baltimore E. STREET AND NUMBER

MARCON ST

21224

If Under 1 Yr. Manths: Days

USA.

BALTIMO 4940 Eas	tern Avenue, B	altimore, M	aryland
MALE	ANGLO. White	7- MARRIED N	NEVER MARRIED DIVORCED
	CUPATION (Give kind of warl f warking life, even if retired)		
MACHIA 3. FATHER'S NA	IST	STEEL	MFGR
3. FATHER'S NA	ME		

OR INDUSTRY 11. BIRTHPLACE (State or fareign country)

12. CITIZEN OF WHAT COUNTRY?

NO

Haurs

If Under 24 Hrs.

4. MOTHER'S MAIDEN NAME

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor ar dates of service)

SECURITY NO. 13-07-3356 Records: ECH-4940 Eastern Avenue 21224

9. AGE (In years

last birthday

APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g.,

hearl foilure, osthenio, etc. It means the disease,

injury or complication which caused death.)

10	. 6	/	1			11						
THE	RSI	ďΝ	IFIC	ANT	CO	NDIT	IO NS	C	INC	RIBU	TING	
O TH	HE I	DEA	HTA	BUT	NO1	REL	ATED	TO	THE	TERM	INAL	
ISEA	SE	OR	CO	NDIT	ION	GIV	EN IN	1 PA	RT 1	(A).		

D.R. Morrow

BY HEALTH OFFT.

A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

Cartie Ceneuram stured

20 A. AUTOPSY? (Yes or Na) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical exominer)

21 B. PLACE OF INJURY (e.g., in or obaut 21 C. WHERE DID home, farm, foctory, street, affice bldg., INJURY OCCUR?

(If In Baltimore City, give exact lacation)

MEDI 21 D. TIME OF INJURY (Manth) (Doy) (Year) (Haur) (APPROX.)

21E. INJURY OCCURRED Nat While While At Wark At Work

21F. HOW DID INJURY OCCUR?

22, I Certify that (1) (this nospital) diletted the deceased from
that (1) (we) last sow the deceased alive on Same 2/3/ 19 68 and that in(my) (our) apinian death occurred on the dat
11 1 1 (and a second shows (I) (Wa) (J; J) (JJ) and a show the half of second second

23A. SIGNATURE

Attending Phys.

23D. ADDRESS

Staff Med. Director L Phys. 23B, DATE SIGNED 7.B- 3 68.

23C. PHYSICIAN'S NAME (Type)

4946 DEGREE

24D. LOCATION

Eastern Avenue, Baltimore, Maryland 21224

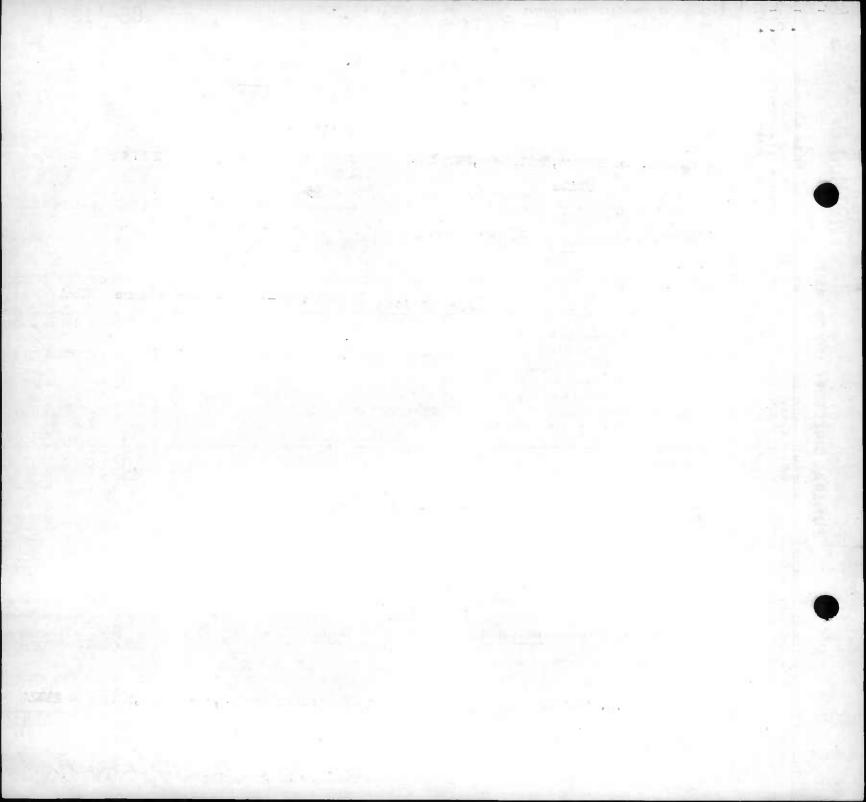
24A.	BURIAL CREMATION,	248. DATE
-	REMOVAL (Specify)	1.1
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VS 150-REV. 1/1/6B

25B, NAME OF REGISTRAR

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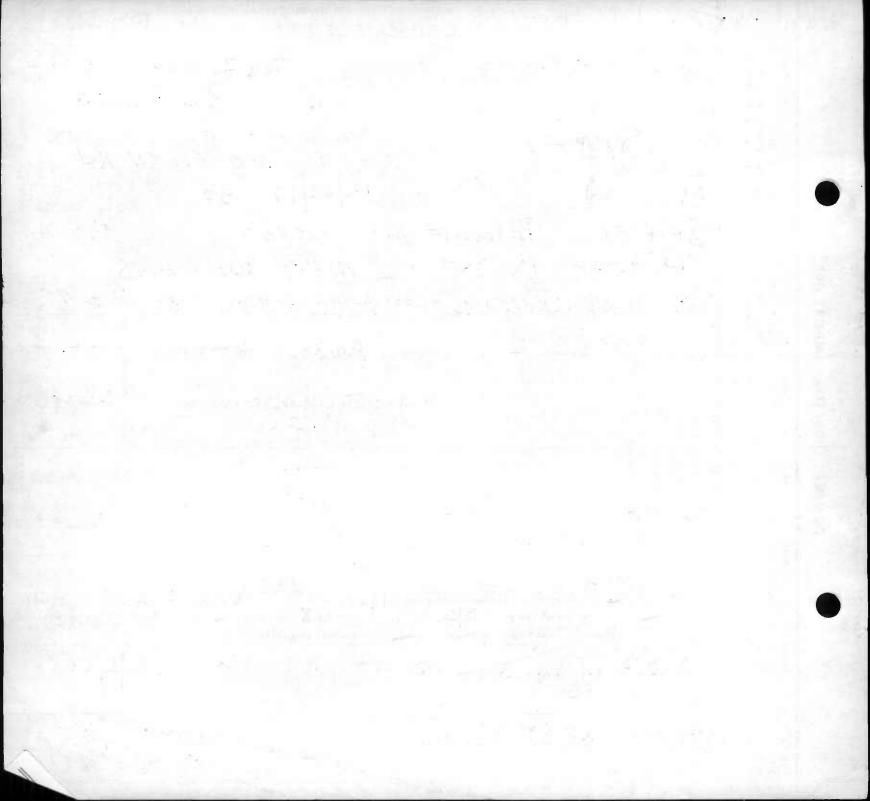
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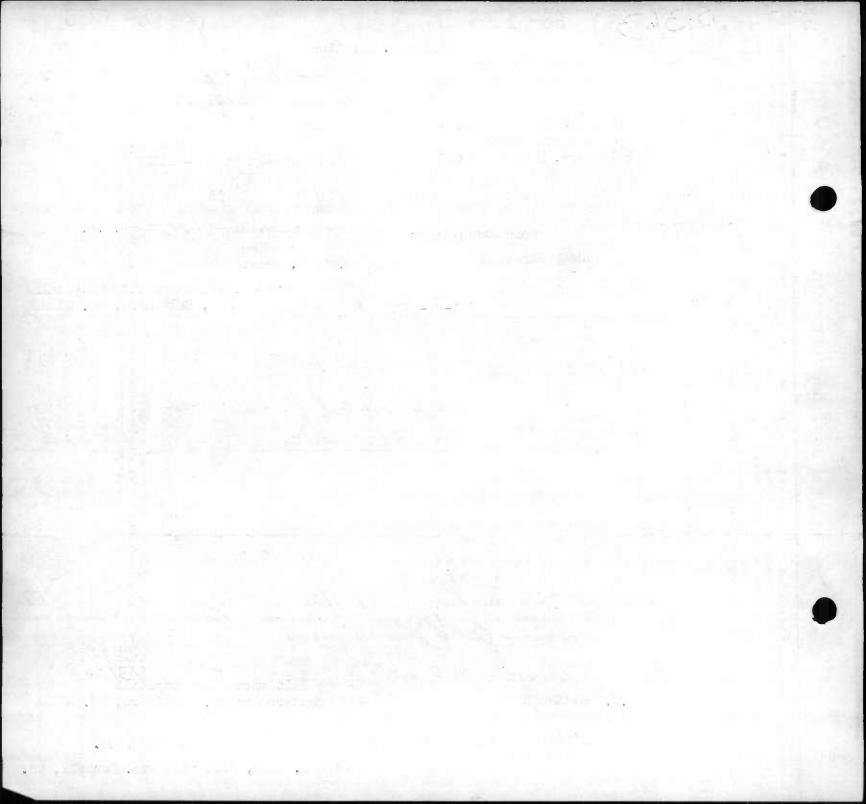
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The country of the state of the country of the coun	DW.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	A.	d F	JODE	
100	yboc	1) :5/	0.0	asec	ten c	-
2	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	Show	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	

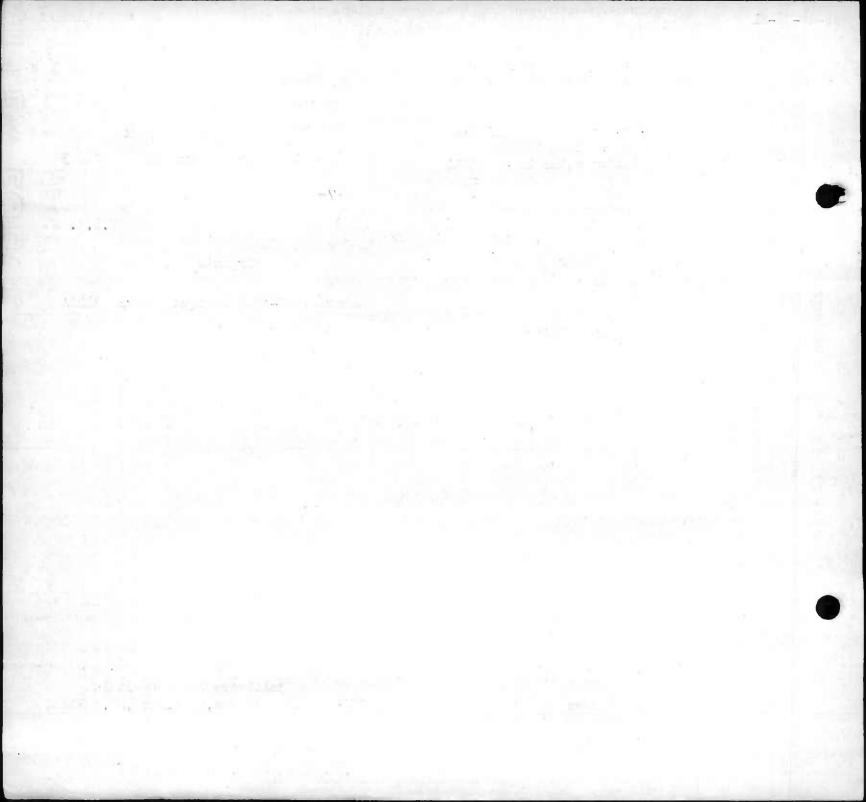
BALTIMORE CITY HEALTH DEPARTMENT 68 - 1355REG. NO CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD TIMOR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C-CITY OR TOWN D. INSIDE CITY LIMITS? Co STREET AND NUMBER DO 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 6. RACE MARRIED NEVER MARRIED Months Doys Hours lost birthday DIVORCED 0 WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes; no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT SECURITY NO. -09-3320 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A AUJOPSY2 (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (this haspital) attended the deceased fram. that (1) (we) last saw the deceased alive on. ...and that In (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (Wa) (did) (did not) view the body after death. 23A. SIGN AT URE 23B. DATE SIGNED Staff Attending Med. Phys. Director L 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of GEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) TID 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR



5215 00 15	BALTIMORE CITY	HEALTH DEPARTMENT	. /	69_ 1356
3-363 68-13	CERTIFICA	TE OF DEATH	REG NO.	68- 1356
I, NAME OF DECEASED	William M.	Stratton 2. DATE	AND HOUR OF DEATH	وسواد
(Type or Print) STRATTON, W	ILLIAM	1/	31/68	1 1 - A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. CO	Where deceased lived, If it	institution: residence before admission)
HOSPITAL OR BALTIMORE CITY HO	SPITALS	C. CITY OR TOWN Dundalk	D. INS	SIDE CITY LIMITS? YES NO 4
3/ 4940 Eastern Aven Baltimore, Maryla		E. STREET AND NUMBE 8340 Kavana		1222
MALE WHITE WIDOW		8/23/09	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tion. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life, even if refired) Welder Codd	Fabricators	NORTH CARC		U.S.A.
13. FATHER'S NAME RUBEN Stratt	on	Ocie T. Tr		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO. 241-07-7039			re City Mospitals timore, Md. 21224
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the diseinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givening to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).	ving (8) DUE TO, OR AS (C) PLACE	DISE PSIS A CONSEQUENCE OF: LEVEL PN A CONSEQUENCE OF	eumonia	2 days
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U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR	D (If in Boltime	ore City, give exact location)
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not Whi Work At Work	le 🗖	INJURY OCCUR?	
22. I certify that (I) this haspital) ottend that (I) we) lost saw the deceosed olive and hour and from the courses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) M. LEVINSOHN	on	ending Med. St. Director 23D. ADDRESS Balti 4940 Eastern	Shaff Phys. More City Hos. Avenue, Balt	imore, Md. 21224
REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 241	D. LOCATION (C	City, town, or county) (State)
Burial 2/3/68	Oak Lawn Cemeter			more, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA/	ME OF REGISTRAR	John J. Due		Ave. Dundalk, Md.



V-	200	400	BALTIMORE CIT		REG. NO.	68- 1357
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FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITU	UTION, GIVE STREET	Maryland		18-0
HOSPITAL OR				C. CITY OR TOWN	D. INS	SIDE CITY LIMITS
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2	4940 Eastern	Avenue		E. STREET AND NUMBER		03000
	Baltimore, Mar	yland 2	1224	ll South Arli	ngton Aven	ue 21223
SEX	6. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
Male	White	WIDOWED	DIVORCED	9-7-1907	60	
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

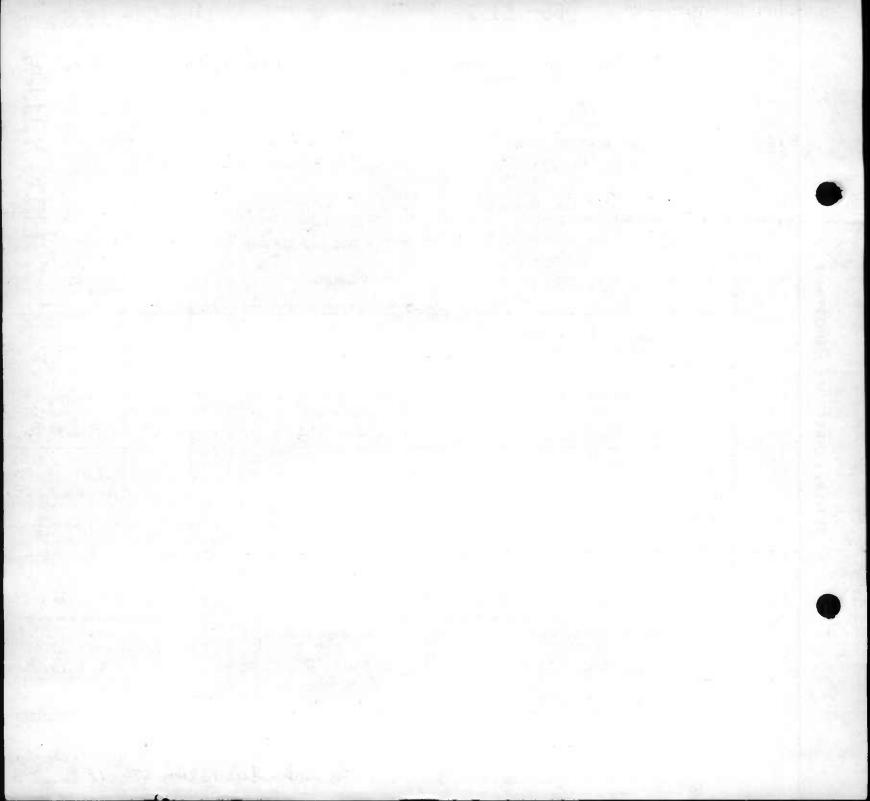
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BALTIMORE CITY HEALTH DEPARTMENT

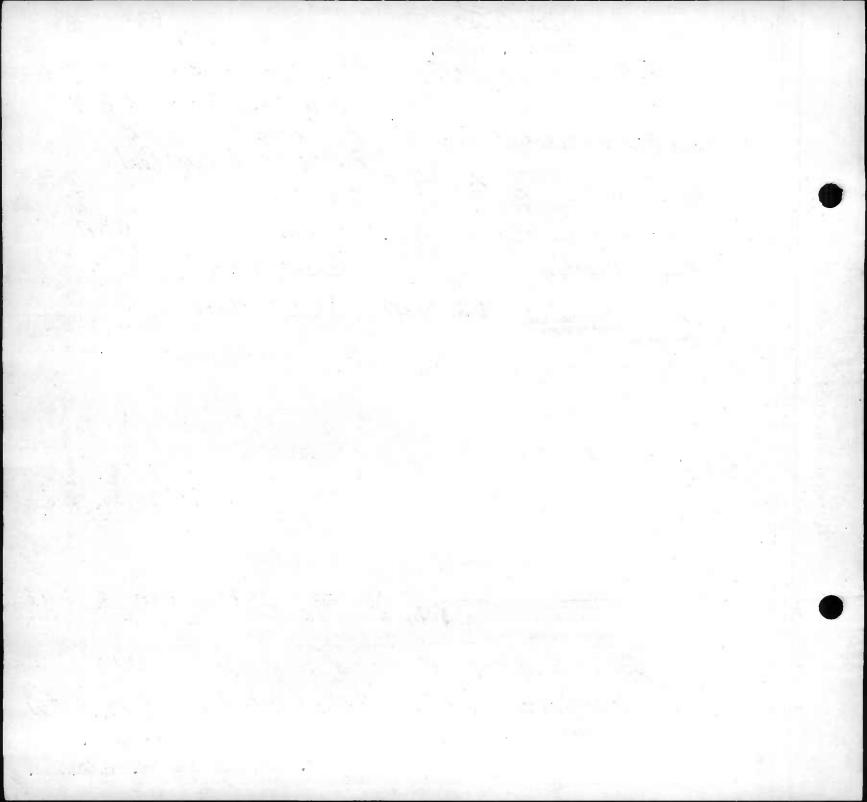
REG. NO.	68-	1358
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(Type or Print)	ECEASED				AND HOUR OF DEATH	
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3. PLACE IN B	ALTIMORE, MARYLAND, V	VHERE PRONOL	JNCED DEAD	A. STATE B. COL		institution; residence before o
FULL NAME O	F (IF NOT IN HOSPIT	TAL OR INSTITU	JTION, GIVE STREET	MARYLAND 26 3		
HOSPITAL OR				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
4	BALTIMORE CITY		ALS	BALTIMORE YES VY NO		
3 / 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224				E. STREET AND NUMBER		
5. SEX	6. RACE			8. DATE OF BIRTH	9. AGE (In years	21206 If Under 1 Yr If Unde
			NEVER MARRIED		lost birthday)	Months Doys Hours
FEMALE	WHITE	WIDOWED		5-22-80 (11. BIRTHPLACE (State or fo	reign country)	12, CITIZEN OF WHAT O
done during most	of working life, even if retired)			MARYLAND		USA
	ewife	Hous	sewife	14. MOTHER'S MAIDEN N	AAAE	OSA
13. FATHER'S N		EHRHARD	Т		Cavey	
	10				cavey	
15. Was Deceas (Yes, no ar unknown	ed Ever in U.S. Armed Fo wn) (If yes, give war ar date	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			217-09-0175	RECORDS-BCH-4	1940 EASTERN	AVENUE-BALTIMO
1B. 12	19		CAUSE OF DEAT	TH		APPROXIMATE IN
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EEB VS 150-REV. 1/1/6B



7	68-13 BIRTH NO.	CERTIFICA	TE OF DEATH	REG NO.	68- 1359
1	1. NAME OF DECEASED Gilbert C. (Type or Print)	Barr Sr.	2. DAT	2 - 2 - 6	4:05 D.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (YINDO	institution: residence before admission)
/	FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		C. CITY OR TOWN Edg	emere D. II	NSIDE CITY LIMITS?
	North Charles General	Hospival	E. STREET AND NUMBER	0	I Road 53.00
	11 1 11 11 1	NEVER MARRIED	B. DATE OF BIRTH	9. AGE In years lost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10. USUAL OCCUPATION (Give kind of work 10 B, KIND done during most of working life, even if retired)		11. BIRTHPLA CE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	4 - 41 - 1	Lehem Steel Co.	Texas	NAME	USA
	Barr, Martin		Grant,	Mary	
11	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO	16. SOCIAL SECURITY NO.	NCQ H	chart	ADDRESS
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	2 corotid	artery occu	APPROXIMATE INTERVAL LETWEEN ONSET AND DEATH
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	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		clessin a a 3	eng.	6° M
	19A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	n or obout 21 C. WHERE DI	D (If in Boltin	nore City, give exoct (ocotion)
	-	While At Not While Work At Work		INJURY OCCUR?	
	22. I certify that (I) (this haspital) attended that (I) (we) lost saw the deceased alive of	8-1 -	an. 22	19 68 to	Feb. 2 1968
	and haur and fram the causes stated above				
	23A. SIGNATURE Luis E. R.	GEGREE Phys		S raff Phys	2/2/68
	23C. PHYSICIAN'S . NAME (Type) JOSE Martinez 24A. BURIAL CREMATION, 124B. DATE 24A.	M. D. GEGREE	Medical H	nto Bldg.	Bolto 2/201 (City, town, or county) (State)
	REMOVAL (Specify)	ak Lawn Cemeter		-	ltimore, Md.
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAM	AE OF REGISTRAR	John J. Due	TOR	Ave. Dundalk, Md.
- 11	VS 150-REV. 1/1/6B	# F			



68-1360 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68-1360

BIRTH NO.	REG. IVO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
STEWART W. RAUB	OF DEATH Estimoted January 29, 1968 9:17 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD January 29, 1968 9:17 P.
001734 ST. PAUL STREET (DOA)	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT! LIMIS?
Male White WIDOWED ☐ DIVORCED 🗗	Baltimore VES ☒ NO ☐
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Min. Months Doys Hours Min. Mi	E. STREET AND NUMBER
6/8/03	1734 St. Paul Street
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Pa, USA	HENRY RAUB
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
MECHANIC	AUNES RAVB
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
No 212-16-4874	LEHMAN RAUB PERRY HALL
19. CAUSE OF DEA	TH APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY Chronic	c Bronchitis and Emphysema
LEADING TO DEATH	AUSE
	AS A CONSEQUENCE OF:
ANYECEDENICALISES	
UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
(C)	18888888888888888888888888888888888888
(C)	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
O I INDEDIVING TOP CONTRIB	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
UTING ☐ CAUSE OF DEATH.	
OF INJURY (APPROX) WHILE AT NOT	WHILE ORK
m. WORK AT W	City Control of the C
I certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death in my opinion
resulted fram: Natural causes 🗵 Accident 🗌 Suicid	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL MARAGE COST	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.D.	
EXAMINER'S Werner U. Spitz M.D.	ASSOCIATE MEDICAL EXAMINER 1-30568
24A. BURIAL CREMATION, 24B. DATE LAC. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) BURIAL 2/1/68 CHURCH OF	THE BRETHERAN YORK PA.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
EEB 5 1968 A C. 4 2 3 D. 44	J.G. CONNELLY SONS 300 MA
VS 151-REV. 1/1/68	

Service of the property of the service of the servi were the state of the part water the state of the state o

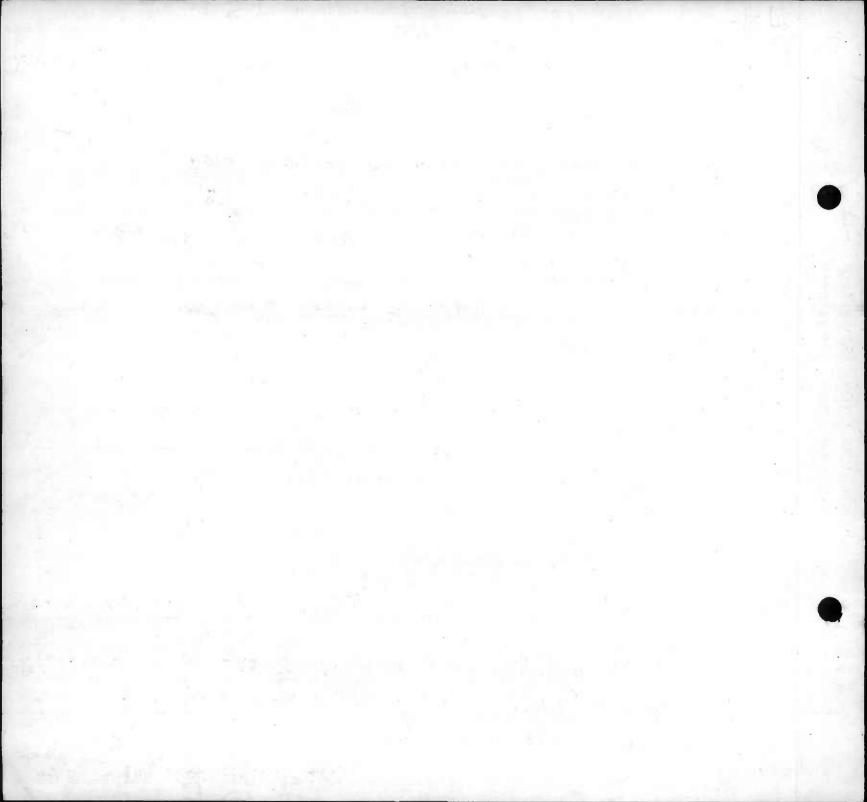
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

68-1	S	O	1
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BALTIMORE CITY HEALTH DEPARTMENT

RE CITT HEALTH DEFARIMENT	REG. NO.	68-	1204
FICATE OF DEATH	REG. NO.	00	1001

1. N	RTH NO.	- 1361 CERTIFICA	TE OF DEATH REG. NO.	0 68- 1361
	PE OF DECEASED	LOOKADOO	2. DATE AND HOUR OF DE	1,1968 @ 10 P.S
3. 1	PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE Where deceased lived A. STATE B. COUNTY	
HC	OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	BALTO MO.	Balta (53-01) INSIDE CITY LIMITS?
(90		E. STREET AND NUMBER	YES NO Z
14	HOUSE OF PINES	5837 BELAIR R	0 361 ENDSLEIGH	
5. S	male white	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	A, USUAL OCCUPATION (Give kind of working during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
12	FATHER'S NAME	RETIRED	14. MOTHER'S MAIDEN NAME	USA
13.	PATHER'S NAME		A MOTHER'S MAIDEN NAME	
15.	Wos Deceosed Ever in U. S. Armed For	ces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
(Ye	es, no or unknown) (If yes, give wor or dote		4	
L	18. 1 0 0 1	CAUSE OF DEAT		APPROXIMATE INTERVAL
ERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19B. CONWAS PER	any, giving Sloting the (C)	A CONSEQUENCE OF: A CONSEQUENCE OF: My Heart Disease 20A. AUTOPSY? (Yes or No) 20B. IF YES, V IN CERTIFYING	
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, loctory, street, o etc.)	in or obout 21 C. WHERE DID (If In Bo ffice bldg., INJURY OCCUR?	ultimore City, give exact location)
	21D-TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED While At Not Whil	21F. HOW DID INJURY OCCUR?	
MEDI	(APPROX.)	Work At Work		0
MED	22. I certify that (1) (this haspita	I) attended the decoased from	Oly 1961 to	Jan > 9 1968
MED	22. I certify that (1) (this haspita that (1) (we) last saw the decease	1) attended the deceased from ed alive on	Oliny 1961 to 1961 to ond that in (my) (aur	reference for accommendation of a second second 17 and the
MED	22. I certify that (1) (this haspita that (1) (we) last saw the decease	a) attended the decoased from get alive on get alive on get alive of ted above. (I) (We) (atd.) (did nat)	view the body ofter deoth.	reference for accommendation of a second second 17 and the
MED	22. I certify that (1) (this haspita that (1) (we) last saw the decease ond haur and from the couses sta	of altended the deceased from y grant y grant above. (I) (We) (and) (did nat) of the deceased from y grant y g	view the body ofter deoth.) apinion death accurred an the d
	22. I certify that (1) (this haspita that (1) (we) last saw the decease and haur and from the couses sta 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typel) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	of altended the deceased from y grant y grant above. (I) (We) (and) (did nat) of the deceased from y grant y g	view the body ofter deoth. Med. Staff Phys. Director Phys. 23D. ADDRESS 901 Fusselage (m. Bull)) apinion death accurred an the d



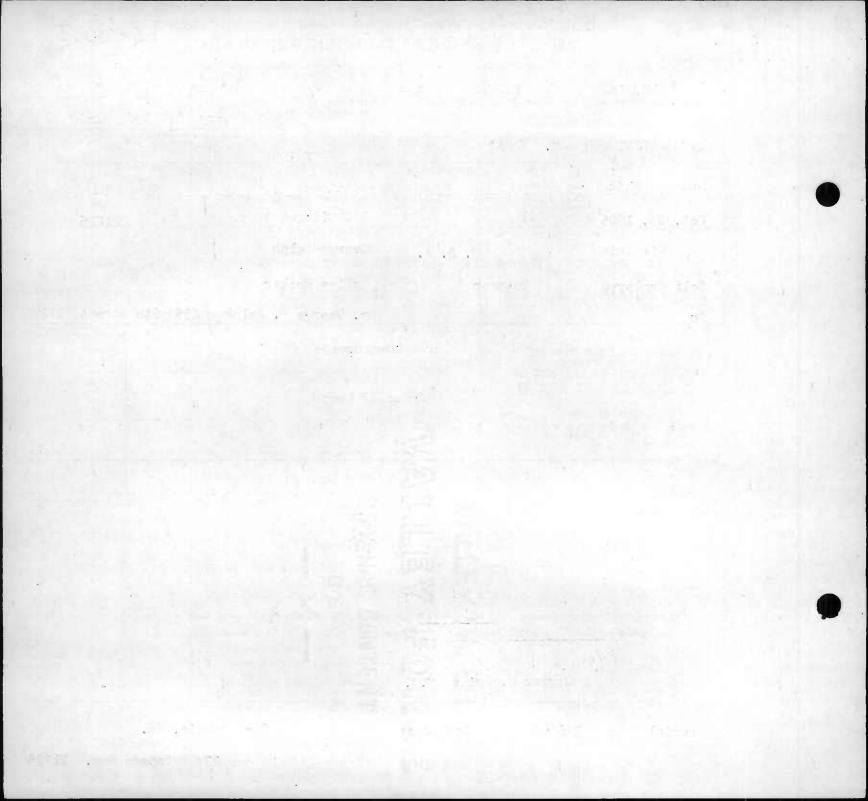
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68- 1362 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EVAMINED'S CEDTIFICATE OF DE

68- 1362

DIDTH NO			MEL	ICAL		AMINER 3 C	CKIIII	CATEC	I DEA	REG. N	10		
I. NAME		FASED					2. DATE	Knawn 🗆	Manth	Day	V.	ear Haur	
(Type ar Pr	int)	CHARD		m.C	MOI	AC CET DU	OF	Estimoted					0 A. M
A PLACE			ARVI AND A			UNCED DEAD	3. DATE	Estimored	Month	Doy		eor Haur	J A . M.
FULL NAME	OF					ON, GIVE STREET		UNCED DEAD	Februa				0 A. M
OR INSTITU		LINTWO	OD CT	. (DC	A)		5. USUAL I A. STATE	RESIDENCE (WI Maryland		lived. If institu B_COUNT		nce before a	mission)
6. SEX		7. RACE		8. MADD	IED [NEVER MARRIED	C. CITY OI		4	D. NSIDE	CITY LIM	ITS?	
Mal	0	White		WIDOW	_					0	YES 🛣		
9. DATE C			10. AGE (I			der 1 Yr. If Under 24 Hrs.		imore			AE2 E	ио Ц	
0-+	25	3005	lost birthdo	^(Y) 62	Mant	hs, Days , Haurs , Min.	811	Clintwoo	d Ct			07.005	
		1905 rate or foret	on country)		12. C	ITIZEN OF	13. FATHER		d GE.			21225	
		ginia				VHAT COUNTRY?		ge Seibph	,				
14A.USUAI	OCCIII	ATION (GI	ve kind al wark	14B. KIND	OF F	U. S. A. BUSINESS OR INDUSTRY							
done during	mast of w	orking life, e	ven if retired)										
		loyed DEVERIN	U.S. ARMEI	BORCES		Bn 17. SOCIAL	18. INFOR	ce Hooke	r		ADDRES	ς	
(Yes, na ar u	inknawn)	(If yes, give	war ar dates	of service)		SECURITY NO.		eorge R.	Selnh	1250		Street	21.22
No					-	CAUSE OF DEA		eorge -	perbu	4,5,50	OUII		TE INTERVAL
	62	,/ 1										BETWEEN ONS	
		OR CONE	DITION DIRE	CTLY		Broncho	pneumo	nia					
(This			mode of dy	ving, e.g.,		(A) IMMEDIATE C		TIENCE OF:					
hear	rt failure, ry ar com	asthenia, et	c. It means the	e disease, ath.)									
						Cancer	of Lu	ng				334	
DIS		ITECEDENT		V CIVILIC		(B) DUE TO, OR	AS A CONS	OHENCE OF					
RISE	TO THE	ABOVE CA	IONS, IF AN	TING THE		DOL 10, OK	AS A CONSI	GOENCE OF:					
Z	DEKLYIN	G CONDII	TION LÁST.			(c)							
E 76	3 X		11										
OTH TO			T RELATED TO										
DISE			GIVEN IN P								To	1	
8	ATE OF	OPERATIO	N 208. CO	NDITION	FOR	WHICH OPERATION WA	AS PERFOR	MED			21. A	AUTOPSY? (Y	es or No)
S 22A.		VAL CAUSE			22B.P	LACE OF INJURY (e.g.,	in or about	22C. WHERE D	ID (If In Baltim	are City, give	exact lacat	ion)	
I S DIADE		OR CON		-	name	, form, foctory, street, office	e blag., etc.)	INJURY OCCU	X.f				
	TIME (Doy) (Yea	r) (Hour) 22	E.INJURY OCCURRED		22F. HOW DID	INJURY OC	CUR?			
(APPR					m. W		WHILE ORK						
23.					_								
	I certi	fy that I h	reld on	Inquiry L		Inspection X Au	top sy	ond that o	n this bosis	, deoth in	my opinie	na	
	result	ed front: 1	Natural cou	ses X	A	ccident Suicid	le 🗌 H	amicide 🗌	Undeterm	ined mann	er 🗌		
		The	1.	4	1	-		CHIEF MEDICA	AL EXAMINER			DATE	SIGNED
	ACTUAL IGNATU	RE LLU	Sue	vh	-/	M.D	ASS	ISTANT MEDIC	AL EXAMINER	X		DAIL	IIOIAED
	XAMINI		Wer	ner U	. (5	Spitz, MDD.		OCIATE MEDIC	AL EXAMINER			2-3-68	
	AME (T				_								
REMOVAL	L (Specif		24B. DATE		24	NAME of CEMETERY	or CREMAT	ORY 2	4D. LOCATIO		tawn, or co	ounty)	(State)
	rial	BY HEALTH	2/6/		A 845	Glen Haven	loss	FUNERAL DIRE	Glen B	urnie,		c	
ZJA. DATE	. REC D	DI NEALIH					250.	CO AA	Lucia a c	OOR D	ADDRES		07.00
	-	D E	1968 /	00	85 8	Jarber 1	m	Culley	· A.	237 Pat	capsco) Ave.	2122
VS 151-REV	/. 1/1/6B	la la	1997	-				1	7 4				

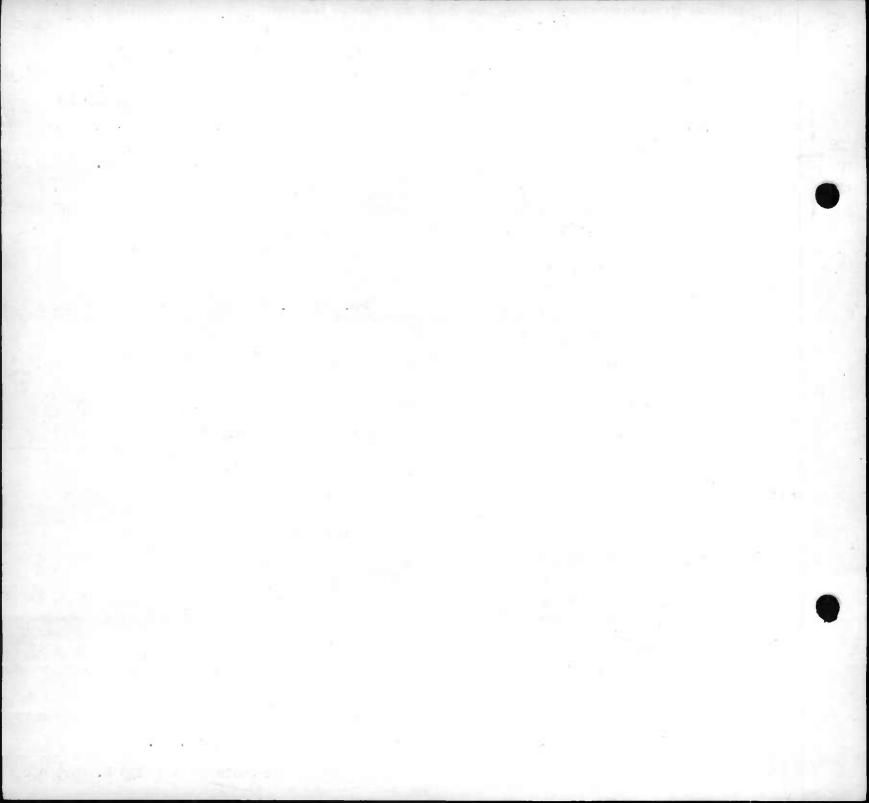


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BALTIMORE CITY HEALTH DEPARTMENT

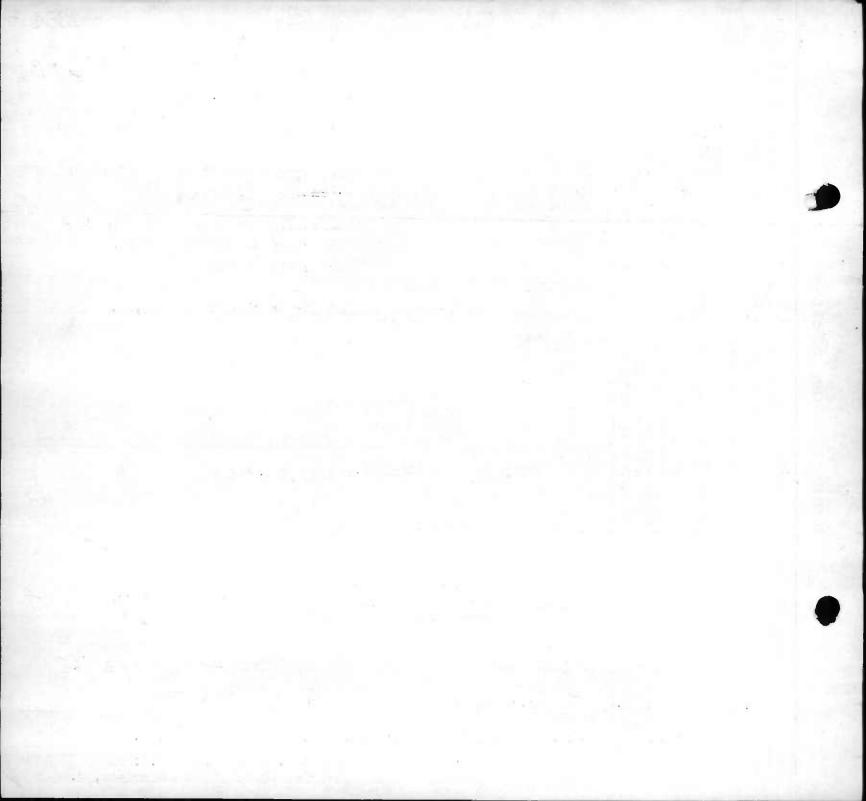
65- 1363		68-	1363
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BIR	TH NO.	00	1.00	CERTIFICA	TE OF DEA	ATH ""). NO		
1. N	IAME OF DECEASED					DATE AND HOUR O			
(Typ	John, A.	GARL	AND			2-2-6	P	14 130 A.M. residence before admission)	
	PLACE IN BALTIMORE,	MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDER	NCE (Where deceased B. COUNTY	lived. If institution:	residence befare admission)	
							n 57 M	aryland	
HC	SPITAL OR ADI	DRESS OR LOCA	AL OR INSTITU (TION)	JTION, GIVE STREET	C CITY OF TOWN	WILLIAM	D. INSIDE CITY		
	STITUTION				BRIT	more	YET D		
0	2/-0		11		E. STREET AND N	UMBER			
1/2	Bon Seco	ours 1	Hosp	1144	9 K	me 140	17 William	S+	
5, 5				NEVER MARRIED	B. DATE OF BIRTH	9. AGE (th	vears If Und	ler 1 Yr. If Under 24 Hrs.	
'	11	/			6/21/	last birthdoy	Manths	Days Haurs Min.	
104	/YI YY	(Cive hind of work	WIDOWED	BUSINESS OR INDUSTRY	DI SIRTURI ACCION	ate ar foreign cauntry)	470	TIZEN OF WHAT COUNTRY?	
					11. BIRTHTEACE (SI	are ar roleigh caulity,	7		
	ReTIRES	trician	rTec	trical	MARY	land		U.S.	
13.	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME			
	Taba	Cnol.	and		Hay POT	TU			
15.	Wos Deceased Ever in	U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT	7		ADDRESS	
(Ye	s, na ar unknawn) (If yes,	give war at date:	s of service)	SECURITY NO.	/				
	Yes #1					J. Garland		Same	
	18. 188 X	1		CAUSE OF DEAT	H			BETWEEN ONSET AND DEATH	
		ONDITION DIR	RECTLY						
		G TO DEATH		(A) IMMEDIATE CAL	ISE Heart	failures	ud Uremia	,	
	(This daes not mean heart failure, asthenia			DUE TO, OR AS	A CONSEQUENCE OF	•			
	injury ar camplication	which caused	death.)						
	ANTECE	DENT CAUSES		staM (a)	estasis			2 months	
	DISEASES OR CON	IDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE	OF:			
	rise to the above cause (A) stating the								
	UNDERLYING COND	ATTION Idst.		(C)					
z	181.0	II							
ATION	TO THE DEATH BUT NO								
CA	19A. DATE OF OPERAT			VHICH OPERATION	20A. AUTOPSY?	(Yes or No) 208, IF VI	ES, WERE FINDING	S CONSIDERED	
140	11-29-1	WASPERF	ORMED		40101311	IN CERTIF	FYING CAUSES OF	DEATH?	
CERT	21A, ACCIDENT WAS	/		PLACE OF INJURY (e.g.,	n or about 21 C. WHE	RE DID //f	in Boltimore City, gi	ive exact location	
AL.	OR CONTRIBUTING DEATH (notify medical	CAUSE OF	ham etc.)	e, farm, factory, street, o	ffice bldg., INJURY O	C CU R?	,	TO THE TOTAL	
U									
AED!	OF INJURY (Month)	(Doy) (Yeor)		INJURY OCCURRED		DID INJURY OCCU	R?		
8	(APPROX.)		Whi	le At Not Whil					
	22. I certify that (1)	(this hospital) attended t	ne deceased from	1-26-67	1967 10	2-2	19 68.	
	that (I) (we) last so			2	1 4		(out) opinion de	oth occurred on the date	
							(our, opinion de	on occorred on the dore	
		he couses stot	ed obove. (1) (We) (did) (did not) v	view the body atte	er deoth.	loop D	ATT CICNED	
	23A, SIGNATURE	C G.	56	Δ++-	ending Med.	Chaff E		ATE SIGNED	
		4 muy	190	DEGREE Phy			2.	- 2-68	
	23C. PHYSICIAN'S NAME (Type)	1			23D. ADDRESS				
.	Jose G.	Amay	0		Boy "	Secours H	os pital		
244	A. BURIAL CREMATION,	24B. DATE	24C. N	ME of CEMETERY or CR		24D. LOCATION	(City, town,	or county) (State)	
	REMOVAL (Specify)	2 5 68	1	Cathada-1		n-1	4.0 1/2		
25/	Burial A. DATE REC'D BY HEAD		25B. NAME C	Cathedral	25C. FUNERAL		to. Md.	ADDRESS	
123	EEB 5	1968 R.	- 4	Larley			20		
		1900 06	KIND G	Y ACKNOWN	1	Mc Cully	13	O E. Fort ve	
VS	150-REV. 1/1/68								



	de	
	+	
ORTANT	assistant	
WE	or his	
FUNERAL DIRECTOR: IMPORTANT	by the chief medical examiner or his assistant if de	
RAL DIR	medical	
FUNE	the chief	
	by.	

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH deathr Such and (5) Deceased ance on the BIRTH NO. 2, DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 25 JULIUS STRAVS hospital death. of 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE BALTIMORE cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN attend cause; 0 0 BALTIMORE YES -NO SINAI prior HOSPITAL E. STREET AND NUMBER contributing CORDELIA occurred Undetermined made regular 5. SEX 9. AGE (In years If Under 24 Hrs. 6. RACE B. DATE OF, BIRTH If Under 1 Yr. Months: Doys 7. MARRIED NEVER MARRIED deceased Hours last birthday) WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote br foreign country) disposition done during most of working life, even if retired) U.S. A. GERMANU Retired Painter Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 Rosalie Eichstetter Joseph Straus death 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS kind; 16. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 217-16-8210A Bert Straus 7909 Brookhaven, Rd any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 1B. 9 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med o CARDIO-RESPIRATOR ARREST LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl foilure, osthenio, etc. Il means the disease, ular embe injury or complication which caused death.) ANTECEDENT CAUSES DNELLMONIA who 5 DUE TO, OR AS A CONSEQUENCE OF: Le DISEASES OR CONDITIONS, if ony, giving the obove couse (A) <u>ෆ</u> physician UNDERLYING CONDITION Iosi, remains Was П 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PARKINSONS DISEASE TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the Body Ú 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the CERTIFI WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF DEATH (no °Z DEATH (notify medical examiner) etc.) nature; ained (Hour) 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E. INJURY OCCURRED 9 OF INJURY (except While At Not While (APPROX.) and Work At Work any obt 22. I certify that (I) (this hospital) attended the deceased from 68 19 that (1) (we) lost saw the deceased alive on. ond that in (my) (our) apinion death occurred an the date be of eath) hospital and hour and fram the couses stoted obave. (1) (We) (did) (did not) view the body after deoth. must 23A, SIGNATURE 23 B. DATE SIGNED O Attending [Med. Staff 0 Director L Phys. Phys. 8 8 23C. PHYSICIAN'S 23D. ADDRESS prior approv ā NAME/BType) homas ď DEGREE 24A, BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State) eceased REMOVAL (Specify) he body o written Burial Feb. 2nd68 Chevra Ahavas Chesed Cem. shows: Randallstown, Md. å P.O.Box 65 25B. NAME OF REGISTRAR as 25A, DATE REC'D BY HEALTH DEPT. Sylvan S. Lewis & Son 3 B Memorial Chapel Garrison Md. VS 150-REV. 1/1/6B



VS 151-REV. 1/1/6B

SHET HELD ST

NAME OF DECEASED

BIRTH NO

6. SEX

CERTI

Male

94 DATE OF BIRTH

PALTIMORE

(Type or Print)

68- 1366 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. Known K 2. DATE Day OF LAWRENCE NEFF January 29, 1968 10:45 A Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Dov Month Hour PRONOUNCED DEAD January 29, 1968 10:45 A. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY Bon Secours Hospital Maryland C. CITY OR TOWN 7. RACE D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED White WIDOWED Baltimore DIVORCED _ YES X NO L 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months | Doys | Hours | Min. lost birthdoy) 1840 Wilhelm Street BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? rurence 4A. USUAL OCCUPATION Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of vorking life, even if retired) THEKINE 16 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. **INFORMANT** (Yeş, najor unknown) (If yes, give wor or dotes of service) 1840 WILHEN ST. APPROXIMATE INTERVAL CAUSE OF DEATH SETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)

ANTECEDENT CAUSES

EXTERNAL CAUSE WAS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No) Yes

22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. home 22D. TIME (Month) (Doy) 22E.INJURY OCCURRED (Yeor) (Hour) OF INJURY WHILE AT NOT WHILE (APPROX.) 1-29-68 7:30 A. m. WORK

1840 Wilhelm Street 22F. HOW DID INJURY OCCUR?

-Undetermined Apparently shot self ond that on this bosis, death in my opinion

I certify that I held on Inquiry Inspection resulted from: Natural couses Accident __

Autopsy X Suicide

Homicide Zundefemuned munner XX CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER * ASSOCIATE MEDICAL EXAMINER

January 29, 1968

Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)

24C. NAME of CEMETERY or CREMATORY

24D ACATION

DATE SIGNED

BURIAL 25A. DATE REC'D BY HEALTH DEPT

25B. NAME OF REGISTRAR

26C FUNERAL DIRECTOR

ACTUAL

SIGNATURE EXAMINER'S

BANTHER ME DIET LANGERER HIT MET

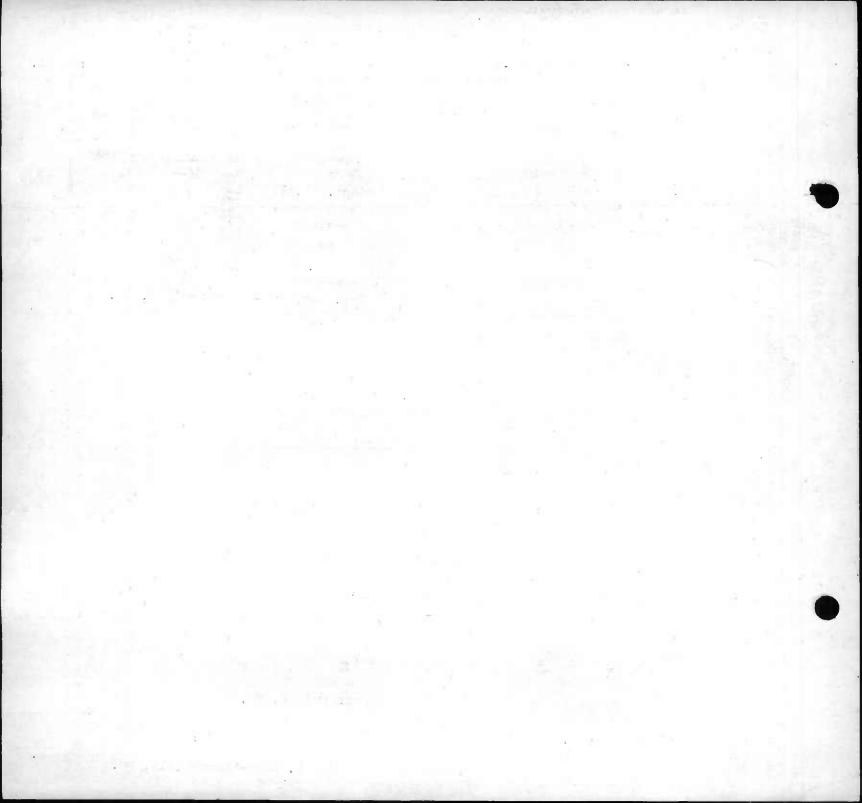
TREE HEALTH STATE OF THE STATE CENTER WELL STATE OF THE S

He 27/1938

212-26-1809 Mes Camerine New 1840 longer 30

BURNAL J FEB 2 1908 New Comes on CECH. CALTHOUR MARKEAU CATHERING J. Conjunt 212 Sept 187

035	BIRTH NO.	00	1367		TE OF DEAT		768-1	.367		
death death ceased on the	I. NAME OF DEC	arvey Melvin	Gardner		January 23, 1968 9:15 A.					
se of d (5) Dece ance on death.	3. PLACE IN BAL	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing the state of the state o					
in a factor and a	institution 3 7	Mercy Hospi			Baltimore E. STREET AND NUMBER		YES K	ио 💢		
uting ed cau ar att prior de.					Stevensvill	le, Queen Ann				
occurribon regule eased is mag	Male Male	6. RACE White	WIDOWED	DIVORCED	Sept. 12,19		If Under 1 Yr. Months Doys	Hours Min.		
or co ndete s in r dece		working life, even if retired)	Buildin		Maryland	r foreign country)	USA	F WHAT COUNTRY		
medical examiner or his assistant if nedical examiner. Also, if the direct burns; (3) A fracture of any kind; (4) physician who pronounced death wan was in regular attendance on the remains are embalmed or final disposition.	13. FATHER'S NAME Edward			1	14. MOTHER'S MAIDER		ing			
	15. Wos Deceosed (Yes, no or unknown	Ever in U. S. Armed Fo	es of service)	SOCIAL SICURITY NO.	17. INFORMANT Mrs. Gardne	- Stevensvi	lle, Md.	RESS		
	DISEASES OF THE PROPERTY OF THE PARTY OF THE		ony, grung sloling the terminal RT 1 (A).	Arter: (B) DUE TO, OR AS (C) CH OPERATION	A CONSEQUENCE OF: LOSCLETOSIS A CONSEQUENCE OF: 20A. AUTOPSY? (Yes	or No) 208, IF YES, WEI	RE FINDINGS CONS			
by the hospital by nature; (2 cept where id (6) No prained before	OR CONTRIBL	NT WAS UNDERLYING DINNG CAUSE OF medical examiner (Month) (Doy) (Year)	home, fo	URY OCCURRED Not Whi At Work	e 🔲 .	D INJURY OCCUR?	nore City, give exoc			
e must be approve released to the ho accident of any na t a hospital (excep or to death); and (that (I) (we)	IRE CIVIS (N'S (ype)	ed alive anited abave. (I) (W	1-12 e) (did) (did nat)	riew the bady after de	Shaff Phys.	238, DATE SIG			
This certificat the body was shows: (1) An was D.O.A. af deceased pric	Burial	Jan. 25 BY HEALTH DEPT. B 5 1968	24C. NAME	of CEMETERY OF CR sley Church EGISTRAR	Yard	Chester, Ma	A	nty) (Stote)		



-86	1368	BALTIMORE CITY HEALTH DEPARTMENT
	2000	BALLIMORE CITT DEALTH DEFARIMENT

	ME		EXAMINER'S C			DEAT	H	68	- 1368
BIRTH NO.							REG. NO.		
NAME OF DE	CEASED			2. DATE OF	Known 🔼	Month	Doy	Yeor	Hour
(Type or Print)	MOTHY C	*	DONNELLY	DEATH	Estimoted	Febru	ary 2,	1968	8:00 P. M
4. PLACE IN BA	LTIMORE, MARYLAND			3. DATE	INCED DEAD	Month	Doy	Yeor	Hour
HOSPITAL OR INSTITUTION	(IF NOT IN HOSI ADDRESS OR LO	PITAL OR INSTIT CATION)	UTION, GIVE STREET		ESIDENCE (Where			1968	8:00 P.M
40 5	ST. AGNES HO	SPITAL		A. STATE	Maryland		B. COUNTY	Howar	
6. SEX	7. RACE	B. MARRIE	D NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
Male	White	WIDOWE	D DIVORCED	Simps	onville		Y	ES X	NO 🗌
9. DATE OF BIRT	lost birth		f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.		ND NUMBER	1170			
	y 31,1951 (State or foreign country		2. CITIZEN OF	13. FATHER		IVE			
		' I'	WHAT COUNTRY?						
Balto	UDATIONI/C: . I I.	III 40 VINID (U.S.A. DE BUSINESS OR INDUSTRY	Jame	s F. Donn	elly			
done during most of	working life, even if retire	d)				ME			
	Student	Stu	dent(High School	1)Bett	y Muck				
Yes, no or unknown	SED EVER IN U.S. ARM	es of service)	17. SOCIAL SECURITY NO.	18. INFORM			3 Westw		
No		· ·			F. Donne	lly, S	impsonv.		
19. 1= 8/	12.11		CAUSE OF DEA	TH					PPROXIMATE INTERVAL VEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	Multipl	e Traum	atic Inju	ries			
	LEADING TO DEATH		(A)IMMEDIATE C	AUSE					
	not mean the mode of e, osthenio, etc. It means			AS A CONSEQ	UENCE OF:				b at at the ship to be to the
	implication which coused								
DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S HNG CONDITION LAS	TATING THE	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
O THE DE	EATH BUT NOT RELATED	TO THE TERMIN	IAL						
20A. DATE C			OR WHICH OPERATION W	AS PERFORM	ED			21. AUTC	PSY? (Yes or No)
0)								15 5 6	Yes
O HAIDERIVINI	RNAL CAUSE WAS	2: h	2B. PLACE OF INJURY(e.g., ome, form, foctory, street, office Street	in or obout 2 e bldg., etc.)	NJURY OCCUR?	Old Co	lumbia	Road 6	00' South
	AUSE OF DEATH. (Month) (Doy) (Y	'ear) (Hour)	22E.INJURY OCCURRED	2	of entran			a	03-00
OF INJURY (APPROX.)		8 1:15 ^P	WHILE AT NOT	WHILE X	Passenger	in au	to-auto	colli	sion
23.	rtify that I held on	Inquire	Inspection Au	topsy X	ond that on t	his basis	death in mi	oninian	
resu	Ited from: Notufol o	ouses 🔲	Accident A Suicio		omicide 🔲		ned monner		
ACTUA	(10)	1000	577		CHIEF MEDICAL				DATE SIGNED
SIGNA	// // //	4145 M	M.D	ASSI	STANT MEDICAL	EXAMINER	X		2 60
EXAMIN NAME		r U. Sp	it, M.D.	ASSC	CIATE MEDICAL	EXAMINER		2	2-3-68
24A. BURIAL CRE REMOVAL (Spec	EMATION, 248. DATE		240 NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county	(Stote)
Buria	_	-68	Crest Lawr	Cemete	ery	Merrit	sville,	Md.	
25A. DATE REC'I	D BY HEALTH DEPT.		ME OF REGISTRAR	25C.	FUNERAL DIRECT			ADDRESS	
E	EB 5 1968	(In Con)	88, 70.4	Hou	vard Count	ty F. H	I., Elli	cotto	City, Md.
VS 151-REV. 1/1/6	6B N 9/6	0				1 1			

that the court opin of them all the The partition of the column

68- 1369 CERTIFICATE OF DEATH REG. NO. BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type ar Print) Edward Leroy Buxbaum February 2, 1968

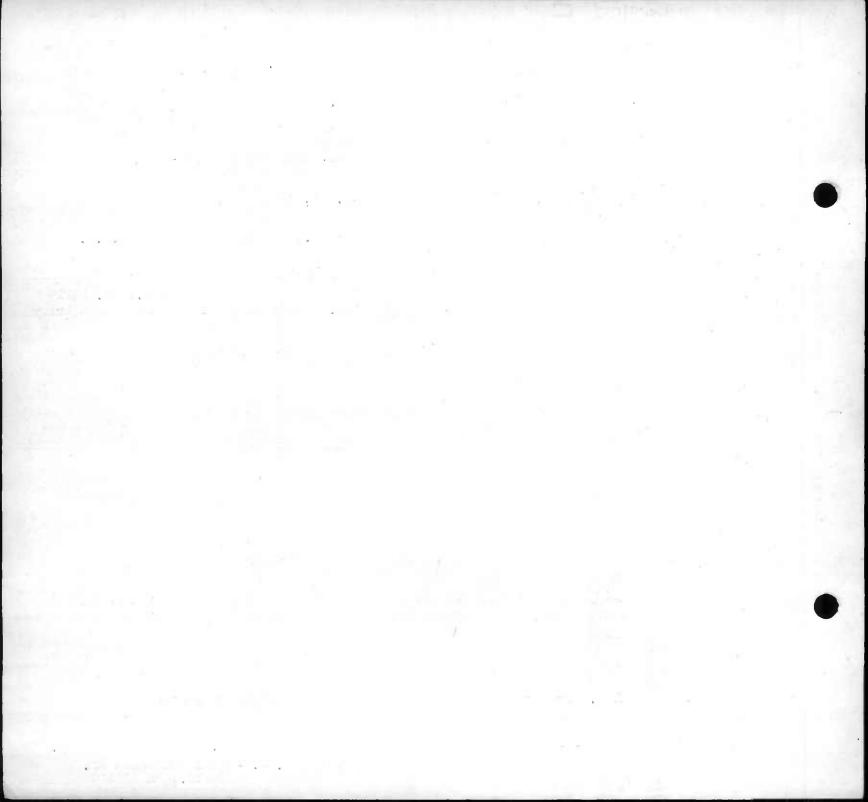
USUAL RESIDENCE (Where decessed lived. If institution: residence before odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR SIDE OTY LIMITS? C. CITY OR TOWN Baltimore YES XX NO 514 Glen Allen Drive - Apt/D E. STREET AND NUMBER 514 Glen Allen Drive - Apt/D B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX 6. RACE MARRIED NEVER MARRIED last birthday Hours Cauc. WIDOWED DIVORCED Mar. 21. 1890 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Balto Maryla: 14. MOTHER'S MAIDEN NAME Maryland 13. FATHER'S NAME Joseph Buxbaum Mary Smith ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates af service) Balto., Md. 21229 SECURITY NO. No 214-03-0301 Mrs. Edward Buxbaum. 514 Glen Allen Drive CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE O heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, 15310 Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ON 19A. DATE OF OPERO.

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) 21 D. TIME OF INJURY 21 F. HOW DID INJURY OCCUR? (Hour) 21E, INJURY OCCURRED Not While [While At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased fram and that in (my) (aur) apiman death accurred an the date that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23 B. DATE SIGNED 23A. SIGNATURE Attending 1 Med Staff Phys. Director L 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) This certificative body was shows: (1) Anwas D.O.A. at deceased prio R. Ziegler 200 Chestmut Hill Drive 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION 24C, NAME of CEMETERY OF CREMATORY (City, town, or caunty) (State) New Cathedral Cemetery Balto.

25E. NAME OF REGISTRAR

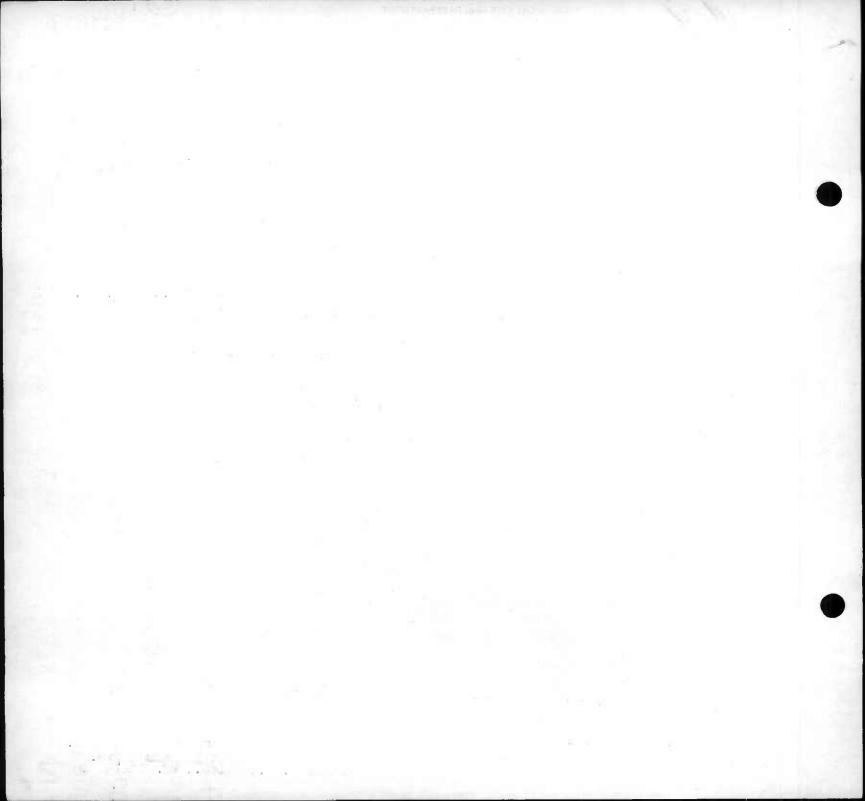
Witzke F. D. - 4101 Edmondson Av. Balto Md 21229 VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	Jre	_	
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	This certificate must be	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	december arion to death), and (A) No absolute was in regular attendance on the december to death. Such
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	6.5	BALTIMORE CITY	HEALTH DEPARTMENT		00 4000		
6	TIPNO.	1370 CERTIFICA	TE OF DEATH	REG. NO.	68- 1370		
1.1	AME OF DECEASED	13111110	2. DATE AN	D HOUR OF DEATH			
	1 11 (21-1-1)	WILMER, C.	2	3 68	6.00 P.		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. It ins TY	titution: residence before odmissio		
	LL NAME OF (IF NOT IN HOSPITAL O	OR INSTITUTION, GIVE STREET	MD.	1/	-97		
IN	STITUTION		C. CITY OR TOWN	. In sta	E CITY LUMITS?		
16	LUTHERAN HOSPITI	AL OF MARYLHND.	BALTIMORE E. STREET AND NUMBER		YES NO NO		
			4014 Cran	Star Allon	110		
S. :	SEX 6. RACE 7. M	MARRIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 H		
	MAIR ISULTE	DIVORCED DIVORCED	1.92.03	lost birthdoy)	Months Doys Hours Min.		
104	USUAL OCCUPATION (Give kind of work 10B.				12. CITIZEN OF WHAT COUNT		
don	during most of working life, even if retired)		MARYLAND.		11.8.A.		
13.	RETITED FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AF			
1 00	TAIRER 3 NAME		14. MOTHER'S MAIDEN NAM	ME			
	Adam Miller	11/ -02-111	17				
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT 4014 Cz	anston Ave.	, Barto., Md. 21229		
		2140141581	* (Varree	Wife	1) Same		
	18. 4/2	CAUSE OF DEAT	Н	· ·	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECT	LY					
	LEADING TO DEATH	(A)IMMEDIATE CAU	ISE Cardio-5881	Pisatosy fail	Luse		
	(This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It meens the disease,						
	injury or camplication which caused deal						
	ANTECEDENT CAUSES	ACUT	E CODIEC NA	COMPOSITIO	N 6 h		
	DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	E CARDIAC DE	ww.1.11.9.34.7.1.67.1	¥		
	rise to the above couse (A) stating the UNDERLYING CONDITION last. (C) ASCVID. of CVA.						
		(C)					
z	OTHER SIGNIFICANT CONDITIONS CONTRI	RUTING					
ATIO	TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1	RMINAL					
2	19 A. DATE OF OPERATION 198. CONDITIO	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		NDINGS CONSIDERED		
ERTIFIC	WAS PERFORM	\ED		IN CERTIFYING CAU	SES OF DEATH?		
Ö	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)		
AL	DEATH (notify medical examiner)	etc.)	mee blag., INJORI OCCOR:				
DIC	21 D. TIME (Month) (Doy) (Year) (Ho	our) 21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
ME	OF INJURY (APPROX.)	While At Not While					
		Work L At Work					
	22. I certify that (1) (this haspital) att	rended the deceased fram	2 3	19 <u>68</u> to	2,3,19.68		
	that (transfer of the deceased of	ive on 2 : 3 :	19 <u>6</u> }ond the	at in (my) (aur) apin	ion death accurred an the d		
	and haur and fram the couses stated a	above. (4) (We) (did) (did not) v					
	23A. SIGNATURE				23 B, DATE SIGNED		
	1. Skeles	A/A DL.	ending Med. Director	Staff Phys.	2.3.68.		
	23C. PHYSICIAN'S	MO DEGREE Phys	33D ADDRESS				
	SHEREEN SI	HEIKH WA	LUTHERAN	HOSPITAZ,	, Batt. MD.		
24/	A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	EMATORY 24D. LO	OCATION (City	(Stote)		
	REMOVAL (Specify)						
_	Burial 2-6-68 A. DATE REC'D BY HEALTH DEPT. 25B.	Woodlawn Cemet	2SC. FUNERAL DIRECTOR	Baltimore Con	dson Ave Press		
1				4707 Lamon	CSOR AVE		
	- FFB D 1968 (45)	7. 作品、行为、1人。两周	Witzka F. D.	. Balto. Md	21229		
1/5	FEB 5 1968 (2)	Celo E, talke, MA	Witzke F. D.	, Balto., Md	. 21229		



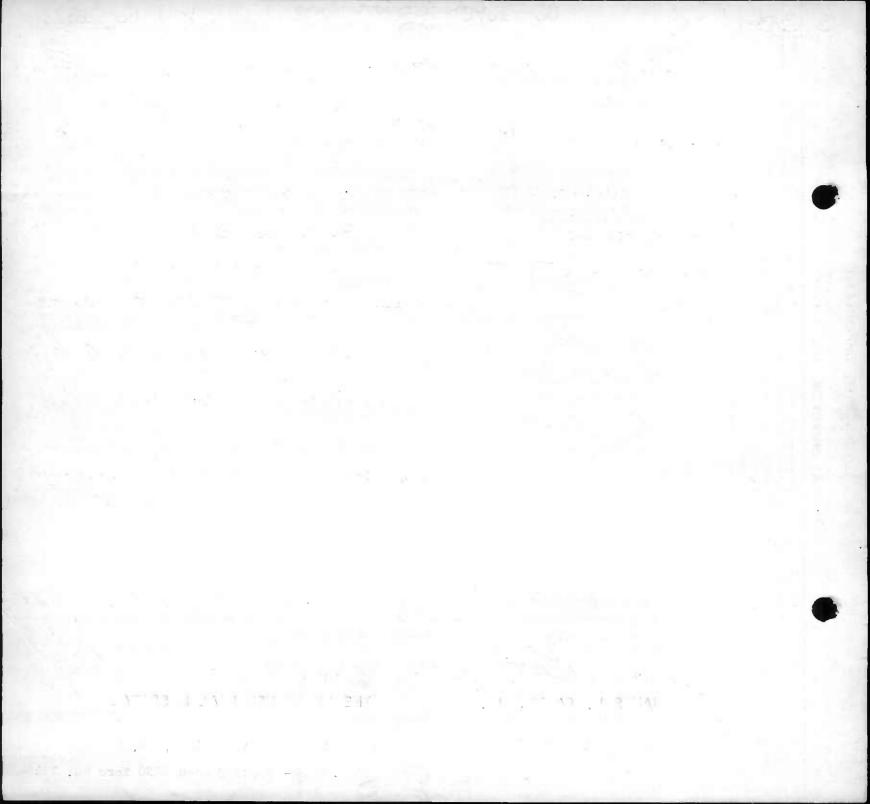
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

BIE	RTH NO.									KEO, 140.			
	1. NAME OF DECEASED (Type or Print) HENRY PFAFF				2. DATE OF DEATH	Known Estimated	Month	Day	Yeor	Haur			
4.	PLACE IN BAL	TIMORE, MARY	YLAND, WH	IERE PRON	OUNCED	DEAD	3. DATE		Month	Doy	Year	Hour	М.
FUI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)			PRONOU	NCED DEAD	January	31, 19	68	7:40	P.M.			
OK.	00	505 N.	Curly	Stree	t		A. STATE	SIDENCE (Wher Marylar	В.	COUNTY	residence b	efore odmiss	ion)
6.	SEX	7. RACE	8	MARRIED	NEVER	MARRIED	C. CITY OR			. INSIDE, GHT	Y LIMITS?		
	Male	White	\	WIDOWED		OVORCED .		Baltimo	re	YES	X	NO	
9. 1	10-4-		0.AGE (In y ast birthday) 74		onder Yr. nths Doys	Under 24 Hrs. Haurs ₁ Min.	E. STREET A	505 N	Curly S	treet			
11.	BIRTHPLACE (S	tale ar fareign	cauntry)		CITIZEN O		13. FATHER'S		outly b	-			
1 4 4	BALT	o., Ma	/		WHAT COL	2	He	NR4 1	Staff,	SK			
	USUAL OCCUI			B. KIND OF	BUSINESS	OR INDUSTRY	15. MOTHER	S MAIDEN NA	ME /				
1	DART	eNUCK	C ADMED 5	ODGEGO	117 505		Un	KNOUN					
	WAS DECEASE s, na or unknown)				17. SOCI SECU	RITY NO.	Sandia	Joestin	1R - 325	3 N. M.	ARLY	N Ave	
	19.	SVI			C	AUSE OF DEA	тн					PROXIMATE INT	
		E OR CONDITI		LY									
		LEADING TO D			(.	A)IMMEDIATE C	AUSE Aspl	nyxia due	to han	ging			
	heart foilure,	asthenia, etc. It oplication which	means the d	isease,		DUE 10, OK A	AS A CONSEQU	ENCE OF:					
	AN	NTECEDENT CA	AUSES			9)							
	DISEASES C	R CONDITION	NS, IF ANY,	GIVING NG THE	(,	DUE TO, OR	AS A CONSEQ	UENCE OF:					
Z	UNDERLYIN	IG CONDITIO	N LAST.		(0	C)	*****		*********				**********
CERTIFICATION	E 974 OTHER SIGN TO THE DEA	IFICANT COND	ITIONS CON	NTRIBUTING	ē.								
=		CONDITION G											
CER	20 A. DATE OF	OPERATION	20B. COND	OITION FOR	WHICH O	PERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes or	Na)
	224			Toon								es	
MEDICAL	22A. EXTERI UNDERLYING UTING CA		IB-	hom	e, farm, fact	INJURY (e.g., ory, street, affice) ME	bldg., etc.) IN	C. WHERE DID JURY OCCUR? 505 N. Cu					
Σ	OF INJURY b	Month) (Day	1-3600	• 3(1)		OCCURRED		F. HOW DID IN	JURY OCCUR	?			17/
		1-31	7:0		WHILE AT WORK] AT W	ORK	Hange	ed self				
	I certi	ify that I hel	d on Inq	juiry 🗌	Inspect	ion Au	topsy X	ond that on t	his bosis, de	eath in my a	pinlon		
resulted from: Natural couses Accident Suicide M Homicide Undetermined monner													
	ACTUAL	(1)	10	1	1	1		HIEF MEDICAL I	-			DATE SIGN	ED
	SIGNATU	DIC		0 0		M.D		CIATE MEDICAL	-			1 100	0
24	NAME (T	ype) CII	arles N			of CEMETERY						1, 196	
	MOVAL (Specif	y) / 248) a /	2	O. IVAME	/	1 CREMATOR	24D.	LOCATION	(City, town,	M-	(State)
25	A DATE REC'D	BY HEALTH DE	-2-61 PI.	25B. NAMI	E OF REGIS	ALUN C	P mete	INTERAL DIRECT	OR ALTIK	MORE	DRESS		
	FEB	5 196		. // //	fall			WRth		7/1/1	1.6.	of 11	11/1
						-	1100	UISTAL	451111160	3/ 7/21	WILK	414 170	1115/16

Zotou (Isun . 180) the triber and the late of a large seat. and the grant of the grant and the same of FUNERAL DIRECTOR: IMPORTANT

	68- 1372 BALTIMORE CIT	Y HEALTH DEPARTMENT	7 68- 1372
		ATE OF DEATH REGINO.	100 1012
BIRTH NO.	CERTIFIC/		
Type or Print)	WELDON STOU	7. DATE AND HOUR OF DEA	
3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived. A. STATE B. COUNTY	If institution: residence before admission)
FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR	OSPITAL OR INSTITUTION, GIVE STREET	MAXYLAND	53-00
INSTITUTION	2- marial Noysta	C. CITY OR TOWN D.	YES NO YES
UNION MY	18 MI 800	E. STREET AND NUMBER	
44		60 BUKKSHIKE	
SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
MALE WHITE	WIDOWED DIVORCED	10.25-99 68	
	of work 10 B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if rel	ired)	BALTIMORE, MD.	U.S.A.
HDVERTISING 3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	TOUT	CLAUDIA VINO	GLING
S. Was Deceased Ever in U. S. Arme	ed Forces? 16. SOCIAL	17 INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor o	r dates of service) SECURITY NO. 213-05-324	MKS. MARY T. ST	TOUT SAME
18.// 10 W 1/ 1/ C	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	N DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DE		ALISE APINS MPOCKEDI	ac Gdays
(This daes not mean the mad	ie of dying, e.g., DUE TO, OR A	SACONSEQUENCE OF INFRACTION	2
heart failure, asthenia, etc. It m injury ar camplication which co	reans me arsease, rused death.)	ZNTHACTIO	
ANTECEDENT CA	USES	SRTSKIDSPIEROTIC HEART	DEEASE USARS
DISEASES OR CONDITIONS,	if any giving DUE TO, OR /	ARTERIOSCUEROTIC HEART	167.25
rise to the above cause	(A) stating the		
UNDERLYING CONDITION Ins	6l. (C)		
420:1			
OTHER SIGNIFICANT CONDITION	S CONTRIBUTING CAKE	INOMA OF BLADDE	1+ months
& DISEASE OR CONDITION GIVEN I	14 (8)(1)		ERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION S PERFORMED	IN CERTIFYING	CAUSES OF DEATH?
Z A A CCIDENT WAS UNDERLY	INC T 218 BLACE OF INITIBY (o. o.	in or about 21 C WHERE DID //f in Rol	timore City, give exact location)
OR CONTRIBUTING CAUSE O	F home, form, foctory, street,	office bldg., INJURY OCCUR?	miliore City, give exact location;
DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Doy)		21 F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work At Wo		
22 I soutifu that (1) (this has	spital ottended the deceased from	JAN 23 1968 to	786 3 1968
	7-/ 5	19 (g and that in (my) (que)	
that (1) (we) last saw the de	-		opinian deoth accurred on the da
ond hour ond from the couse	stoted above. (1) ((did not)	view the body ofter deoth.	
23A SIGNATURE	11/1/1		23B, DATE SIGNED
1 amon 14		hys. Director Phys.	2/3/68
230. PHYSICIAN'S	///	23D. ADDRESS	
JAMES W. CA	ARTY (JR)		OSPITAL
24A. BURIAL CREMATION, 24B. DA	DEGR	EE	(City, tawn, or county) (State)
REMOVAL (Specify)	- I STATE OF GENERAL OF C		
Burial 2/6,	/68 Dulaney Valley	Cemetery Cockeysvill	e, Md.
25A, DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR		
54LD 24 (30)	J. U. Jan J. E. Milaldon	Wm. Cook-Brooks Towson	LUDU YORK Kd. ZIZU4

VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

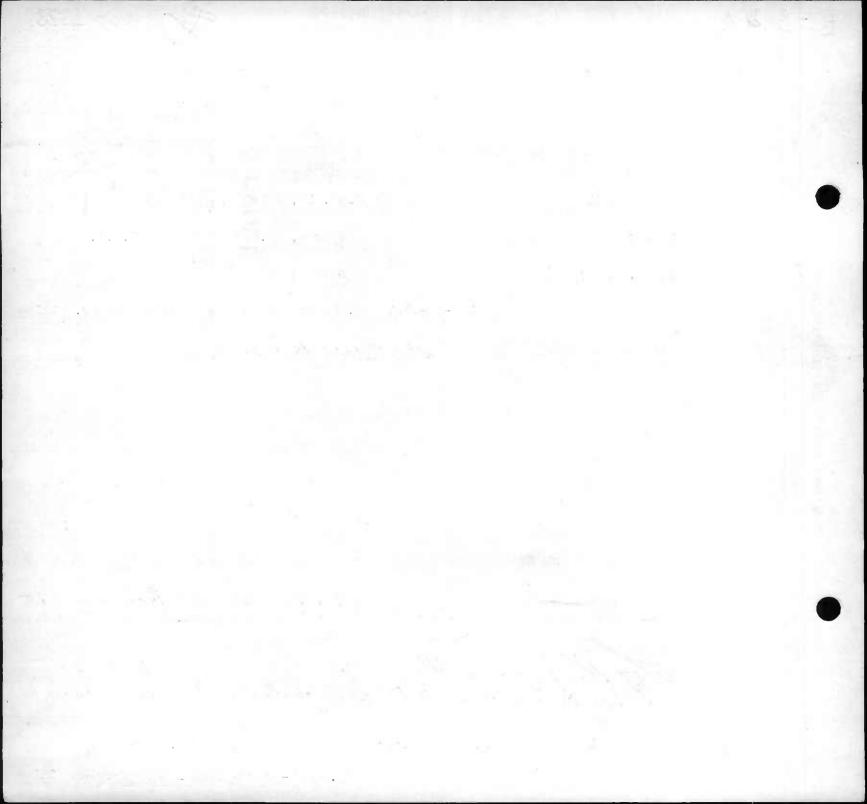
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a hospital and

		68	- 137	BALTIMORE CITY	HEALTH DEPARTM		68-1373
		0		CERTIFICA	TE OF DEA	TH REG. NO	/ 00 10.0
	TH NO.	Acco			2.0	ATE AND HOUR OF DEAT	TH .
(Тур		Charles Frank				2-2-1968	9:30 P. A
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE	. COUNTY	institution; residence before admission
HO	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	ITION, GIVE STREET	Maryland	Baltimore	NSIDE CITY LIMITS?
INS	NOITUTIE					D. 11	YES NO K
	01-				Sparks	MARCO	123
	901	Harford Garde	ens Nurs	ing Home	None	VIDER	
S. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	ale	White	WIDOWED [Sept. 29,	1873 94	
			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTR
don		vorking life, even if retired)			Sparka	ма	U.S.A.
12	Lumbe		1		Sparke,		0.0.4.
ا من ا	FAIHER'S NAN	AE			14. MOTHER 3 MAIL	LIN INAME	
(George K	. Ensor			Sally Co	ole	
15. V	Wos Deceased	Ever in U. S. Armed Fa-	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		ill yes, give wor or don	30, 30, 400,		C Deland	Engan 5200 Hom	ring Run Dr. 21214
	No			214-34-3452 CAUSE OF DEAT		Ensor 5309 Her	APPROXIMATE INTERVAL
	18.44	9 I					SETWEEN ONICET AND DEAT
		E OR CONDITION DI LEADING TO DEATH	RECTLY	(A) IMMEDIATE CAL	alized Av	· Tenio selenuris	Zyenne
	DISEASES C	asthenio, etc. II means uplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a obove couse (A) G CONDITION last.	death.) any, giving	(B)	a consequence of	<u></u>	
CERTIFICATION	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PAI OPERATION 1986 CON	THE TERMINAL RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Y	es or No) 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL	OR CONTRIBU	NT WAS UNDERLYING [DTING CAUSE OF medicol exominer)	21 B. hometc.	.PLACE OF INJURY (e.g., i ne, form, foctory, street, o	n or about 21 C. WHERI ffice bldg., INJURY OC	E DID (If In Boltin	more City, give exoct location)
DIC.	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
MEDI	OF INJURY			ile At Not Whil	е		
1	(APPROX.)	x	Wo				F/ 7 00
	22. I certify	that (1) (this hospita	1) ottended t	he deceased from	1966	19to	FOB 2 1960
		lost sow the deceos		1-66 2	19 60	ond that in (my) (bur)	opinion death occurred on the de
	110			1 As 1 (16 1) (11 1			
			ted obove. (I	l) (No) (did) (did not) v	lew the body offer	deoth.	23B. DATE SIGNED
	23A. SIGNATU	m)		mo	ending Med.	C 255# C	2/5/68
	1	07 ///x L	mmen	DE GREE Phy	s. Directe	or Staff Phys.	2/3/60
	23 C. PHYSICIA NAME ()	pel Lay M.	Limme	orman M.D.	3202 Ha	rford Rd. Bal	Timore, Md.
24/	A. BURIAL CRE	MATION, 248. DATE	24C.N.	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town, or county) (Stotel
	Burial	2/6/68	Во	sley Cemetery		Baltimore Co	. Maryland
			1000 111110	J	DEC FUNERAL P	1000000	ADDRESS

21204

Wm. Cook-Brooks Towson 1050 York Rd



VS 150-REV. 1/1/68

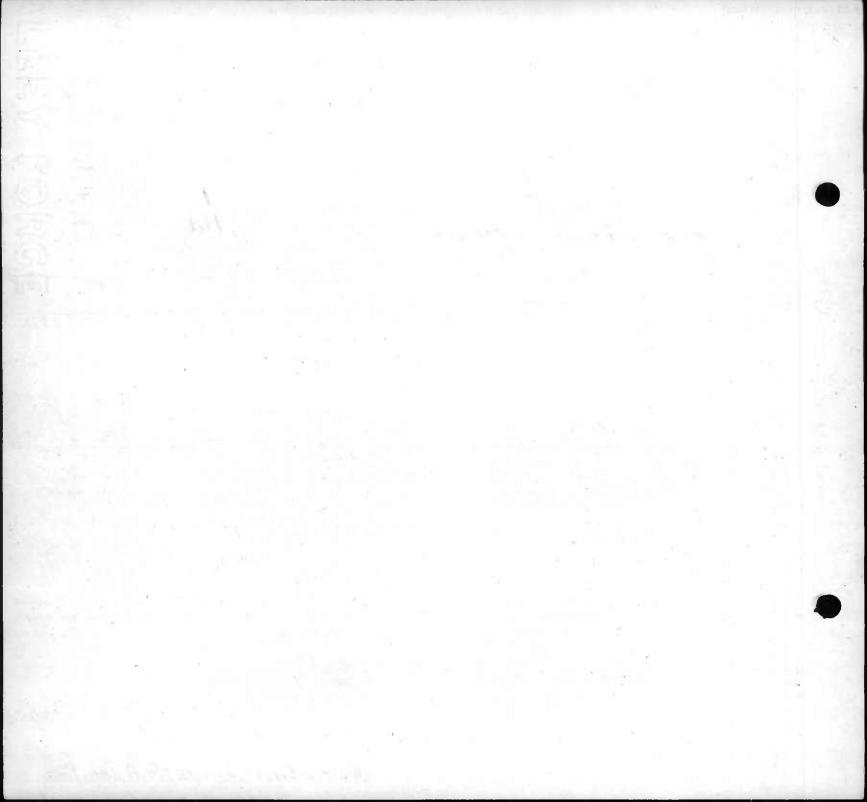
5 68-1	3/4	TE OF DEATH REG. N	o. 68- 1374		
BIRTH NO.	<u> </u>	2. DATE AND HOUR OF D	PATH		
1. NAME OF DECEASED (Type or Print)	×-				
Della (Maxey) Smit		January 30,	1968 2:25 A M		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live A. STATE 8. COUNTY	d. It institution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	ANSIDE CITY LIMITS?		
16 W. 24th St.		Baltimore	YES NO		
Baltimore, Md. 212	21.8	E. STREET AND NUMBER			
Bartimore, Md. 212	210	16 W. 24th St.			
S. SEX 6. RACE 7. MADE	NED TAIRVED MADDIES T	8. DATE OF STRTH 9. AGE (In year	s If Under 1 Yr., If Under 24 Hrs.		
Female Cau wind	RIED XNEVER MARRIED WED DIVORCED	May 28, 1884 lost birthday)	Months Doy's Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BtRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
done during most of working life, even if retired)			100 A		
Housewife		Harlan, Ky.	U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
John Maxey		Mary Johnson			
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS		
(Yes, no or unknown) (If yes, give wor or dates of serv	SECURITY NO.				
No	?	Mr. Robt. Garland 16 W	. 24th St. Balto. Md.		
18.	CAUSE OF DEAT	H	APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH		
LEADING TO DEATH		cerebro-vascular accid	dent 5 days.		
(This does not mean the mode of dying,	(A) IMMEDIATE CAL	AUSE			
heart failure, asthenia, etc. It means the disc		A CONSEQUENCE OF:			
injury or complication which caused death.)			several yrs.		
ANTECEDENT CAUSES	ANTECEDENT CAUSES arteriosclerosis				
DISEASES OR COMPLETONS IS THE	***************************************				
DISEASES OR CONDITIONS, if ony, gi					
UNDERLYING CONDITION lost.					
	()				
33 /X OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	ING a man a t	day beart Calleria	70		
	NAL CONSEST	ive heart failure	18 months		
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		190A ALIPOROVO /V New 2002 IF MEC	WERE EINDINGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Na) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?		
E C		no			
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i home, farm, factory, street, o	in or obout 21 C. WHERE DID (If in 8	altimore City, give exoct location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	ince biog., indiaki, occok.			
U					
OF INJURY (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
(APPROX.)	White At Not While At Work				
			Jan 30 10 68		
22. 1 certify that (I) (this haspital) attend			Jan 30 19 68		
that (1) (we) last saw the deceased alive	on Jan 29	19 ⁶⁸ and that in(<u>my)</u> (au	r) apinion death accurred an the date		
		tanalah dari kasiland			
and haur and fram the causes stated aba	ve. (H) (We) (did) (did not) (view the body after death.	Lead BATE CLONES		
23A. SIGNATURE	P		23 B. DATE SIGNED		
(Ell sumstiff	Costa Phy	ending Med. Staff Phys.	1-30-68		
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS			
NAME (Type)					
E. ELLSWORTH COOK M.D	• DEGREE	2431 Maryland Ave.	Balto Md. 21218		
24A. BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)		
REMOVAL (Specify)	Seal Cemetery		0- 1/1		
Burial 2/1/68		Montgomery			
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
DED W 1900 OF D. F	12. 37	TIN Continue Tour	1017 Ct De 1 Ct		

Table Solid Section 15 March 1

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	68- 1375	BALTIMORE CITY	HEALTH DEPARTMENT	0	0 13/5
1		CERTIFICA	TE OF DEATH REG. NO	o. 93	5
	RTH NO. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH	
(T	PPE OLES CARRIE		1/31/68		12 50 PM
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	-4	4. USUAL RESIDENCE Where deceased lived A. STATE B. COUNTY	. It institution: r	esidence before admission
	ULL NAME OF OF NOT IN HOSPITAL OR INSTITUTION	ING Center		1-6-	167
Н	OSPITAL OR ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN ID.	INSIDE CHY L	IMITS?
"	NOITUTIES		BALTIMORE	YES 🗔	по П
	70		E. STREET AND NUMBER		
	/		3025 WINDSOR A	Ve.	
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years	II Unde	r 1 Yr. , If Under 24 Hrs.
	F WIDOWED S	DIVORCED	7-14-86 ast birthday	Manths	Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BU			12. CITI	ZEN OF WHAT COUNTRY?
de	one during mast af working life, even it retired)		BULTINOPS Md		11-1
	Housewite Ho.	m e	BALTIMORE, MA		454
	01 1		14. MOTHER'S MAIDEN NAME		
	Charles Clas.		(tugusta Walk	ier	
	. Was Deceased Ever in U. S. Armed Forces? es,na arunknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
٠,	4 /	12-56-9659	Redamining R.	0	
_	18	CAUSE OF DEATI	1 Tuest	a	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	combra	- vascular accident		BETWEEN ONSET AND DEATH
	LEADING TO DEATH				1 day
	(This does not mean the mode of dying, e.g.,	(A) MMEDIATE CAU	A CONSEQUENCE OF:		
	heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)				/
	ANTECEDENT CAUSES	.V.D		Several unt	
	DISEASES OR CONDITIONS, if any, giving	(R)	A CONSEQUENCE OF:		36,6100 -167
	rise to the obove cause (A) stating the				
	UNDERLYING CONDITION lost.	(c)	B.		
	4221	Osteo	arthriti-	192.71	several you.
3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Chroni	c rectal abscess		2 945
A	DISEASE OR CONDITION GIVEN IN PART 1 (A).	CU OBERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, V	VERE FINDINGS	CONSIDERED
	WAS PERFORMED	CH OFEKATION		CAUSES OF	DEATH?
5	× /	ACE OF INTITOY (e.g. i		oltimore City, giv	to evect Incetion)
1	OR CONTRIBUTING CAUSE OF home,	lorm, loctory, street, al	fice bldg., INJURY OCCUR?	minore City, giv	e exact idealion;
(
1	OF INJURY	JURY OCCURRED	21 F. HOW DID INJURY OCCUR?		
3	(APPROX.) While Work	At Work	•		
	22. I certify that (I) (this haspital) attended the	deceased from	3.3. 1966 to	1. 3	1- 1968
	that (I) (we) last saw the deceased alive an.	1-25-	2 -		th occurred on the date
				, opinion dea	III occorred on the date
	and haur and fram the causes stated obave. (1) (1)	(did) (did nat) v	iew the bady atter death.	loop DA	TE SIGNED
	23A. SIGNATURE) / // Ath	nding Med. Staff	236. DA	TE SIGNED
	(Elsworth C	DEGREE	s: — birector — Tilys. —	1.	31.68
	23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS		0 01
	E. Ellsworth	look MD	243/ Narulans	& an	e. Balls. M
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAMI	E al CEMETERY or CRE	MATORY 24D. LOCATION	(City, tawn,	or county) (State)
	REMOVAL (Specify)	enmount	Cem. Rolto	MI	
2	5A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	1101.	ADDRESS
		7" . ()	and the same of th	MIC A	10, D11
L	S 150-REV. 17176B	Market III	Wm Cook-Brooks, Inc. 1	21727. to	ulst. Dalto.
) IDU-KEV. I/I/68	-			



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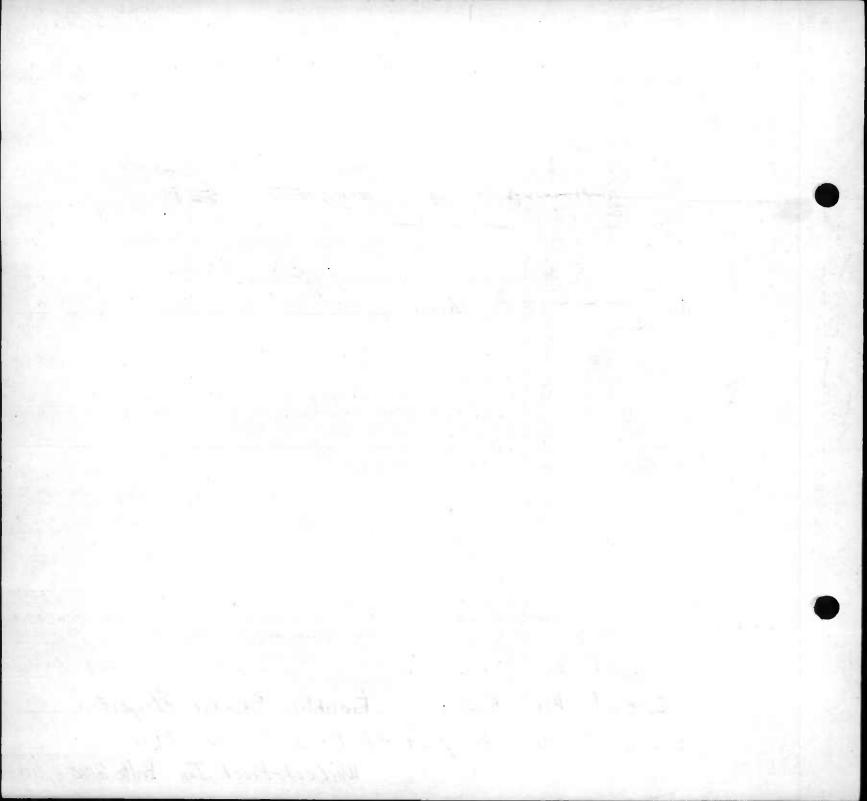
(except

BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH t or contributing cause of death Undetermined cause; (5) Deceased as in regular attendance on the e deceased prior to death. Such BIRTH NO 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED deceased lived. institution: residence (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN NO YES STREET AND NUMBER is made. 5. SEX 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED last birthda Months: Days Hours WIDOWED DIVORCED IGA. USUAL OCCUPATION (Give of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? disposition dane during most of working life, even if retired HUNGR) RETIRED 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME O 15. Was Deceased Ever in U. S. Armed Farces ADDRESS 16. SOCIAL or final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. attendance 3023 on CAUSE OF DEATH 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, gular injury ar camplication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF 9 are DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the = UNDERLYING CONDITION lost. the remains MOS 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact lacation) hame, farm, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF ° MEDICAL DEATH (natify medical examiner) etc.) obtained 21 D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) and Wark At Wark 22. I certify that (1) (this haspital) ottended the deceased from 30 AM 1st. Feb. pe that (I) (we) lost sow the deceased alive on... ond that in (my) (our) opinion death occurred on the date death) ond hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE Attending Med. Staff 0 Phys. Director approval 23C. PHYSICIAN'S NAME (Type) 23D, ADDRESS prior on GEGREE 24A. BURIAL CREMATION eceased REMOVAL (Specify) written

25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/68

25B. NAME OF REGISTRAR

ADDRESS



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	de de Constant
	# 9 4 3 + 0
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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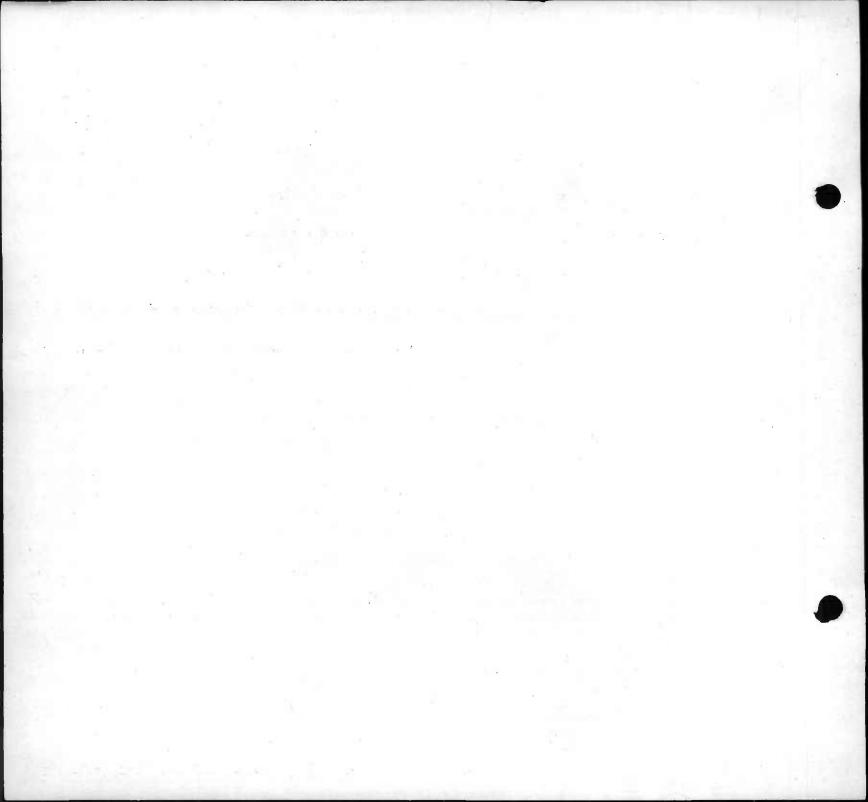
68 1	377 BALTIMORE CITY	HEALTH DEPARTMENT		68- 1377
	CERTIFICA	TE OF DEATH	REG. NO	00 1011
I, NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
(Type or Print) KoKOSZKI	STANLEY	2	-2-68	145 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN		stitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Church Home and	HOSPITAL	E. STREET AND NUMBER	Re 1	YES NO .
75		2101 E 13	LombA.	Rd St.
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALC WhITE WIDO		4-23-23	sign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	$\overline{}$	11		1 0 0
13. FATHER'S NAME	BAR	14. MOTHER'S MAIDEN NA	MF.	USA
A. / / /	1 (1.1	
Michael Koko 57	IL 6. SOCIAL	17. INFORMANT	WEZASK	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser		A	1	
NO	CALLET OF DEAT	ANN KOKOS	ZKI 2/0/1	= LONIBARD ST
18. 4/2 9	CAUSE OF DEAT	H	, en,36	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		PULLMONA	my IN 24FF	
(This does not mean the mode of dying, heart loiture, asthenia, etc. It means the dis		A CONSEQUENCE OF:	7	
injury or complication which caused death.)				
ANTECEDENT CAUSES	(0) EMPH	YSEMA.		- YEARS.
DISEASES OR CONDITIONS, il any, g		A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (c) MITE	MOSCIEBOTIC	- PERRY D	VSEME
_ 420,0 II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
	.0000=========	100.4	N con in year trans	
19A. DATE OF OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct location)
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S (APPROX.)	While At Work At Work			
22. I certify that (I) (this hospital) atten-		70	19 68 to	Feb > 19 1968
that (I) (we) last saw the deceosed alive	7.0 ~	// h A'	0	nion death accurred on the date
and hour and from the couses stated abo				
23A. SIGNATURE	(1) (1) (1) (1) (1) (1)	The bady offer addition		23B. DATE SIGNED
Sylenerae	Phy	ending Med.	Staff Phys.	Leb V, 1968
23C. PHYSICIAM'S NAME PType) NEADER	ACI ON DEGREE IN	23D. ADDRESS	Howe	Az) D HAPP
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (CI	ty, town, or county) (Stote)
REMOVAL (Specify)	HOLV PARABA	amaa B	ALTO	14 17
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	250 FUNERAL DIRECTO	THO O	ADDRESS
EER 5 1968 AD	R. D. Fallyna	JOHN M WEI	BER +SONS IN	IC 4015 CHESTER ST
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		BALTIMORE CITY	HEALTH DEPARTMENT					
	68-1378-	CERTIFICA	TE OF DEATH	REG. NO. 6	3-1378			
	BIRTH NO. 1. NAME OF DECEASED (Type or Print)	1 C-10: 51:	2. DATE AND	HOUR OF DEATH				
	CIEMENI W.	STIERZIN	F Leb.	1, 1968	M.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUNT		on; residence before odmission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	STITUTION, GIVE STREET	c. CITY OR TOWN	D. INSIDE C	TY TIMITS?			
	00		BA ITIMORY YES NO					
6)	AN. Ellwood Ar	1e.	E. STREET AND NUMBER 4 N. Ellwood Ave.					
made.	5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years If I	Juder 1 Yr. If Under 24 Hrs. Hours Min.			
is m	MAJE WHITE WIDOW		Oct, 3, 1914	33				
	IDA, USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	1	1	CITIZEN OF WHAT COUNTRY?			
disposition	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM					
bo	T / I		14. MOTHER'S MAIDEN NAME	1:40				
qis	15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ZINU	ADDRESS			
final	(Yes, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	4 4					
	No	213-05 - 522/	ILIZA beth Sy	ickline 4	N. Flwood Aug			
ō	18./ 6 2 . / 1	CAUSE OF DEATH	1	,	BETWEEN ONSET AND DEATH			
eq	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CARE	INOMA OF	LUNG	10 months			
balmed	(This does not meon the mode of dying,		A CONSEQUENCE OF:					
	injury or complication which coused death.)	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)						
e H	ANTECEDENT CAUSES (B)							
are	DISEASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS	A CONSEQUENCE OF:					
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	(C)	***************************************					
remains	_ 163× 11							
Е	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN							
	■ DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED			
+	WAS PERFORMED		NO	IN CERTIFYING CAUSES	OF DEATH?			
before the	O 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimore City	, give exoct location)			
pe	DEATH (notify medical examiner)	etc.)						
pa	W OF IN HIPY	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
ained	(A PPROX.)	While At Not While Work At Work	e 🗌					
þ	22. I certify that (I) (this haspital) attended	ed the deceased from	M74 11 1	67 10 DE	26 1968			
that (1) (we) last sow the deceased alive on DEC 24 1968 and that in (my) (our) opinion death occurred								
÷	ond hour and from the couses stated above		iew the body after death.					
must	23A. SIGNATURE	1 -			DATE SIGNED			
=	Kaymord & Vent	DEGREE Phy	nding Med. Director	Phys	0.5,196+			
0	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS					
approval	Raymond E. Lenha	rd, Jr., M.D.	Johns Hopkins H	Hospital, Balt	imore, Md. 21205			
	24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, to	wn, or county) Stote)			
written	BURIA! 2/5/68 6	AKIAWN C.	entre PV 13.	A Trinop	e Md.			
÷	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	C. SALICE	D. ADDRESS			
3	FFB 5 1968 (12.0%)	M. C. Monday.	VS. VABBOW	St. 1 2018 1.	124/70. 17.			

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VS 150-REV. 1/1/6B



		FG	FUNERAL DIRECTOR: IMPORTANT	DIR	ECTO	R: 1	MPO	RTAN	-		
This certificate must be approved by the chief medical examiner or his assistant if death occurred	proved b	y the cl	hief me	dical e	xamir	ner or	his as	sistant	if dec	ath o	ccurre
the body was released to the hospital by a medical examiner. Also, if the direct or contributir	the hosp	ital by	a med	ical ex	camin	er. Al	so, if	the di	rect o	r con	tribut
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined c	ny natur	e; (2) B	ody bu	rns; (3)	A fra	cture	of any	kind;	(4) Un	deter	mine
was D.O.A. at a hospital (except where the physician who pronounced death was in regular o	except w	here t	he phy	Sician	who	prono	unced	death	Was	in re	gular
deceased prior to death); and (6) No physician was in regular attendance on the deceased pri	(9) pup	No phy	sician	vas in	regu	ar at	tenda	nce on	the	decea	sed p
written approved must be obtained before the remains are embalmed or final disposition is made	pheninad	hafora	the ren	naine	re em	halm	ad or	final d	isposit	on in	made

- 1152		BALTIMORE CITY HEALTH DEPARTMENT
3.73	BIRT	TH NO. 68- 1379 CERTIFICATE OF DEATH Registered No. 68- 1379
and and sath the		E. CASE NO.
l and death eased n the Such		Pe or Print) MR. LESSIE SCHOOLING Feb. 4, 1968 12:40AM.
B 90 -	3. I	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
<u> </u>		A. STATE B. COUNTY
a hosp cause se; (5) i	1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or lacation) NSTITUTION (If outside city limits, write RURAL and give township)
ca ca se;	100	Murch Home & Hospital D. STREET ADDRESS (If you'd, give location)
f in a ng cause; cause; ior to	12	
		2205 É fazelle St.
th occurred in contributing etermined cau n regular att see see prior is made.	5. 5	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
ntr rm eggasseg		M W W Chug 25,1902 65-
		USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE tole or foreign country 12, CITIZEN OF WHAT COUNTRY?
deat t or Undeas in		Mereliant Seaman Missouri USA
" U ~ > E "		FATHER'S NAME
	8	was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT! ADDRESS
ssistant the di y kind; y death ance on	15. (Yes	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 3. Armed Forces? 16. SOCIAL 17. INFORMANT 3. Armed Forces? 3. Arm
RTA! ssistar the the kind deat		559-05-5246 Elsee V Schooling mrs F. In the St.
IMPORTAN or his assistant Also, if the di s of any kind; ounced death ittendance on		18. 4 10.0 1 CAUSE OF DEATH ONSET AND DEATH
AP his lso, of a unc		DISEASE OR CONDITION DIRECTLY
Als Als att		(This does not meon the made of dying, e.g., DUE TO
		heart failure, asthenia, etc. It means the disease, injury at complication which caused death,)
O ring of a		ANTECEDENT CAUSES
ECTOR: examine examiner 3) A fracti who pr n regular		DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the (C) Angiva pechous. Hypukusan
DIRECTOR: ical examiner al examiner. s; (3) A fractu cian who pre cian who pre si in regular		rise to the above couse (A) stoting the UNDERLYING CONDITION last.
DI ica ical 15;		420.1
Medical redical burns; (3	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
RA me me y bu phy ign	CAT	DISEASE OR CONDITION CAUSING IT.
chiefy a m Body the p	RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUNERAL ne chief mec by a medi 2) Body bur re the phys physician w	CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
_ 4=0	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, foctory, street, office bldg., INJURY OCCUR?
7.2 V 2.	MEDIC	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
oved by e hospirc r nature; cept wh nd (6) Nc	ξ	OF INJURY (APPROX.) While AI Not While Work At Work
roved b ne hosp y natur xcept w ind (6)		
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@_ o b E =	1	that (1) (we) last saw the deceased alive an
ust be assed dent ospit deat		23A. SIGNADURE
3 0 . E A		M.D. Attending Med. Stoff
rel acc al		Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS
		RERNARD ALBINIA M.D. CHURCH HOME a HORPITAL ROBBING
certificat sody was /s: (1) An D.O.A. at ased pric	24/	A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
E 7000 c	1	Bueil 2.7.1968 UNION Mesersdale PA
	25 A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the l shov was dece	à	FEB 5 1968 Role E. Falley M. X 47 Jan 18 327 1 1tool 1
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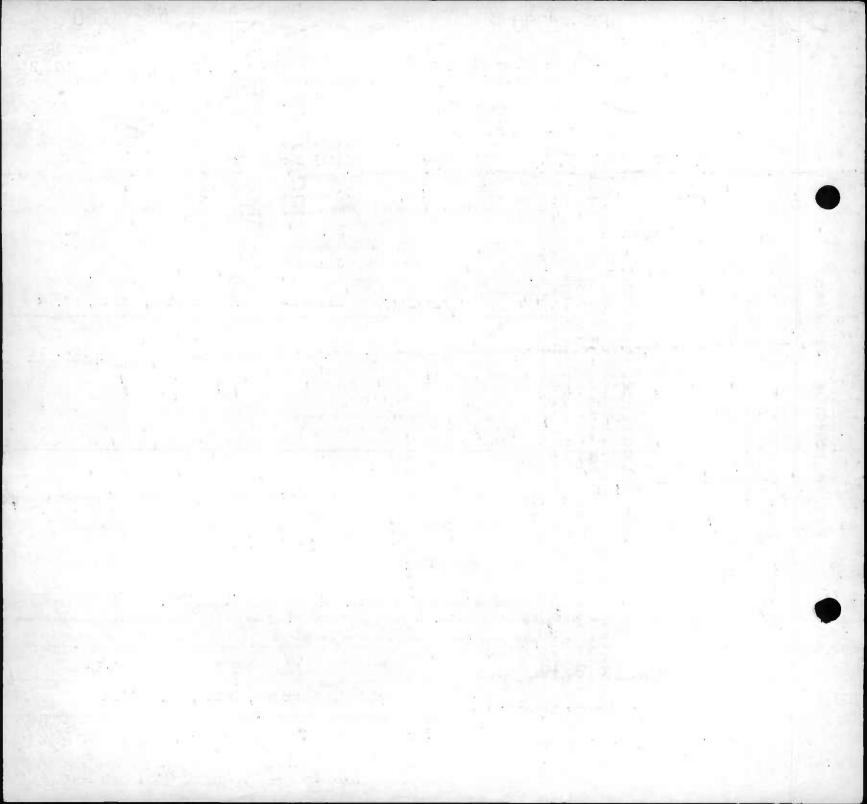
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	examiner or his assistant if death occurred in a hospital and xaminer. Also, if the direct or contributing cause of death) A fracture of any kind; (4) Undetermined cause; (5) Deceased who pronounced death was in regular attendance on the	are embalmed or final disposition is made.
	6) X ~	_ 0

BIRTH NO T.NAME OF DECEASED (Type or Paint) Louise Elizabeth Thomas 3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD A. STATE SECOUNTY WILL NAME OF DECEASED (LIX NAME OF MERSES OR LOCATION (GIVE STREET MOSPITAL OR NOSPITAL OR INSTITUTION, GIVE STREET MOSPITAL OR NOSPITAL	0	V REG. NO. 68- 1380	H DEPARTMENT			80	- 13	68			1. NA (Type 3. PL FULL HOSI INSTI
Louise Elizabeth Thomas Feb. 1, 1968			DEATH /	AIE	CERTIF				H NO.	BIRT	3. PL FULL HOSI
FILL NAME OF MOSPITAL OR INSTITUTION, GIVE STREET MOSPITAL OR MOSPITAL M	10 P M.	b. 1. 1968	Fel		th Thomas	Elizabe	ouise				FULL HOSI INSTI
ADDRESS OF LOCATIONS US Public Health Service Hospital Edgewater D. Inside City Limits Test Test	befare odmission)	deceased lived. If institution; residence be	AL RESIDENCE (Where		INCED DEAD	HERE PRONOL	YLAND, W	IMORE, MA	LACE IN BALT	3. PI	HOSI INSTI
MSPILITION Second Marked Months	502 -00	0.0.00	Md.		ITION, GIVE STREE	AL OR INSTITU	IN HOSPITA	(IF NOT	L NAME OF	FUL	U
3.3.00 Wyman Pk. Drive E STREET AND NUMBER 1.13 Dorsey Drive 5. SEX F Col Widowed Divorce D Col Widowed Col Wido		D. INSIDE CITY LIMITS?	OR TOWN	C. CITY							
1.3 Dobsey Drive 1.5 Dobsey Drive 1.5 SEX	10 🗌	YES NO			pital	rice Hos					3.
The Col WIDOWED DIVORCED 7 /12/10 lost birthdoig 7 Months; Days Middle North 108, KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF 1 mode during most of working life, were if railred) Md. Mother's Maiden Name 12. CITIZEN OF 1 md. Mother's Maiden Name Jessie Smith S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT Records— US PHS Hospital, Balto, No 12. CITIZEN OF 1 month 10		Drive		E. STR			Drive	an Pk.	3100 Wyma	3	
Md Housewife Md Md Housewife Md Md Md Md Md Md Md M	If Under 24 Hrs. Haurs Min.	AGE (In years If Under 1 Yr. If Months Doys Ho	/12/10 9.							SE	SEX
Session Second	WHAT COUNTRY?				BUSINESS OR IND	10B. KIND OF		rarking life, eve	during most of w		
16. SOCIAL NO 17. INFORMANT Records— US PHS Hospital, Balto, NO 18. 16. SOCIAL NO 212-26-4477 Records— US PHS Hospital, Balto, NO 212-26-4477 Records— US PHS Hospital, Balto, NO 18. 18. 19		E	THER'S MAIDEN NAME	14. MC				۸E	ATHER'S NAM	3. F	3. F/
SECURITY NO. 212-26-4477 Records— US PHS Hospital, Balto, No No No No 212-26-4477 Records— US PHS Hospital, Balto, 212-26-4477 Records— US PHS Hospital, Balto, 212-26-4477 Records— US PHS Hospital, Balto, APPROX SETWEEN ALL AL		Ł	Jessie Smith					Smith	Edward S		-
SECURITY NO. 212-26-4477 Records— US PHS Hospital, Balto, No 15.	S	ADDRESS	DRMANT	17. INF	1 6. SOCIAL	es?	Armed Fore	Ever in U. S.	Nos Deceased	s. W	s. W
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, foctory, street, affice bidg., INJURY OCCUR? DEATH (notify medical examined) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Work At Work 22. I certify that (I) (this hospital) attended the deceased fram Oct. 24. 19 67 to Feb. 1 that (I/(we) lost saw the deceased alive an Feb. 1 19 68 and that in(my) (our) apinian death accurant haur and from the causes stated abave. (I) (We) (did) (did/not) view the bady after death. 23C. PHYSICIAN'S NAME (Type) Alan R. Butler. Surgeon (R) 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIGNING IN CERTIFYING CAUSES OF DEATH? 100 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIGNING IN CERTIFYING CAUSES OF DEATH? 100 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID hame, form, foctory, street, affice bidg., INJURY OCCUR? 21C. THERE SIGNING IN CERTIFYING CAUSES OF DEATH? 100 21D. TIME (Manth) (Day) (Year) (Haur) While At Work While At Work While At Work Work At Work 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJUR			EQUENCE OF:				ONS, if o	R CONDIT	DISEASES O		ľ
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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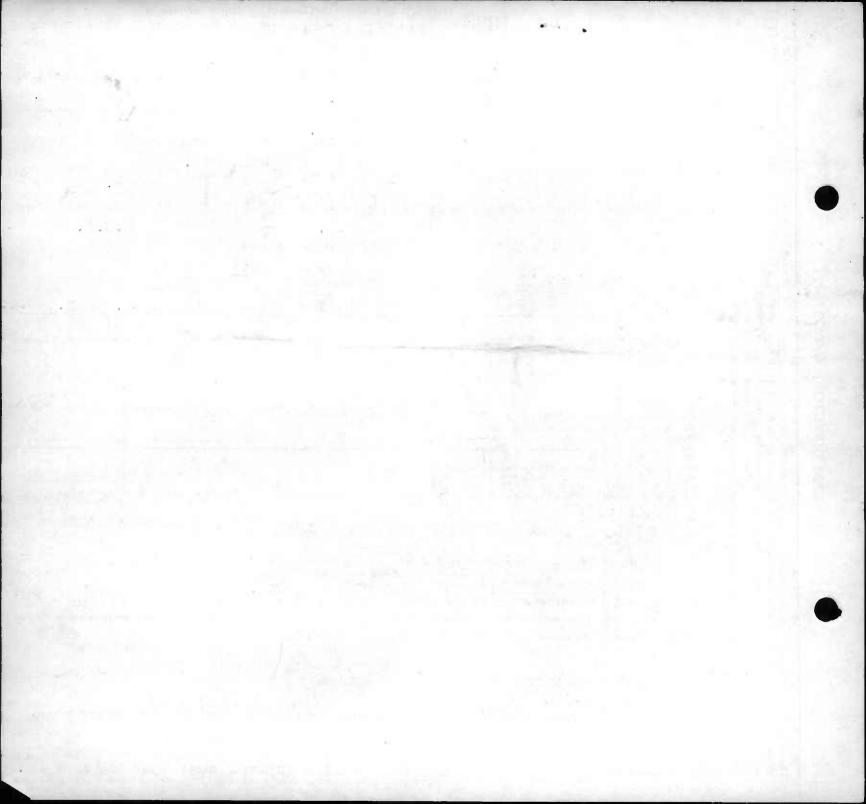
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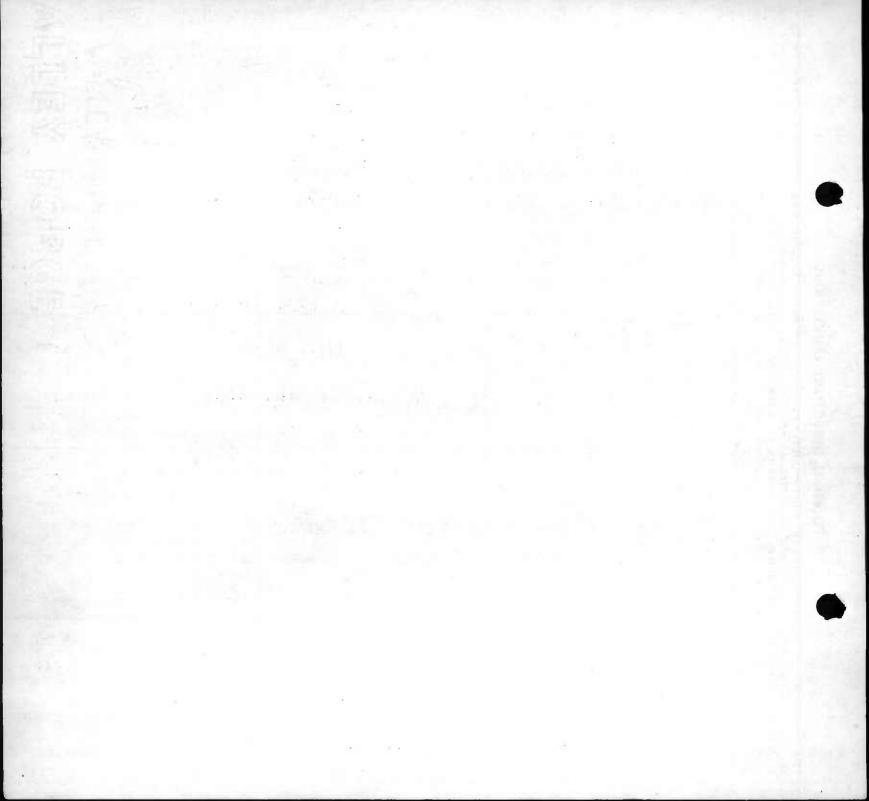
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1	0	BALTIMORE	CITY HEALTH DEPARTMENT	250 110	68- 1383
BIRTH NO.	• 6	8- 1383 CERTIFIC	CATE OF DEATH	REG. NO	
1, NAME OF	0 0	nna L.		ND HOUR OF DEATH	1135 PM.
3. PLACE IN		WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived, tf in	nstitution: residence before admission)
FULL NAMI	OF (IF NOT IN HOSP	PITAL OR INSTITUTION, GIVE STREET CATION)	Md.		112-37
INSTITUTION			Balto.	D. INS	SIDE CITY MAITS?
112	Sinai Hosp Baltimore,		E. STREET AND NUMBER		YES NO NO
4	-aronnore,	raiyiand	3308 Mondaw	min Ave.	
5. SEX	6. RACE	7- MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
17	N.	WIDOWED DIVORCED		52	
	OCCUPATION (Give kind of wo ost of working life, even it retired	ork 10 B. KIND OF BUSINESS OR INDU		reign country)	12, CITIZEN OF WHAT COUNTRY?
			N.C.		U.S.A.
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NA	AME	
	James K. Sm	ith	Nezzie W	all	
15. Was Dec (Yes, no or un	eased Ever in U. S. Armed F known) (If yes, give wor or do	forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
n	0	220307089	Charles Smi	th 4329 3r	d St. Wash., D.c
1B.	931.21	CAUSE OF D	EATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
D	ISEASE OR CONDITION I	[[]]	2.	1 / 2	3/
(This d	oes not meen the mode	ANIMMEDIATE	CAUSE MASSIVE F	togatic ne	cross 3-3 days
	ilure, osthenio, etc. Il meor r complication which couse	ns the disease,		1/	/
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DISEAS	ES OR CONDITIONS, if	ony, giving DUE TO, O	MOLO PAUS SEX	som faur	Idillo Stewillosio
	the obove couse (A	A) slotting The	V		
FO	5-1- Y II	2 2		/	Α
O OTHER S	IGNIFICANT CONDITIONS C	CONTRIBUTING SUITE	mosclustu c	Telusia	I le
▼ DISEASE	DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN P.	ART 1 (A).			0 3
19A. DA		ERFORMED SASCUD STATION	20 A. AUTOPSY? (Cest of I	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. AC	CIDENT WAS UNDERLYING	218 PEACE OF INJURY	AC ANTERIES e.g., in or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
OR CON	ITRIBUTING CAUSE OF	home, form, foctory, streeted	et, office bldg., INJURY OCCUR?		050ital 97-17
21 D. TIA	AE (Month) (Doy) (Yeo	oil (Hour) 21E. INJURY OCCURRED	21F. HOW DID IN		
OF INJU	, KI	While At Not	While Work	e 17 bottles q	s blood at appearance
			Fieb 2 (3pm	10 CP - F	eb 2 (11 pm) 19 68.
4hat (1)	we lost saw the doses	tol) ottended the deceased from.	(1135/10 68	Z.19	inion death occurred on the date
					ninion deorn occurred on the date
23A. SIG		toted above. (1) (We) (did) (did n	of) view the body offer deoth	•	23B, DATE SIGNED
	The C	7 (1.00	Attending Med.	Staff	
23C. PHY	SICIAN'S I Ing or	DEGREE	Phys. Director 123D. ADDRESS	Phys. 🗀	
NA	ME (Type)	SUAL YARAS	Pmas	Hospita	2/
24A. BURIAL	CREMATION, 24B, DATE	24C. NAME of CEMETERY o	CREMATORY 24D.	LOCATION	City, town, or county) (State)
Buria		68 Arbutus Men	a. Park Ar	but as Ma	aryland
	REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
ZJM. DAIL					
ZJM. DATE	EEB 5 1968	alub E. Farkera	Kelson Fune	ral Home	1348 Calhoun St.
VS 150-REV.	EEB 5 1968	Jent E. Farkeyra	Kelson Fune	eral Home	



51-02-92

-63	68	- 1.384	ATE OF DEATH REG. NO.	68- 1384
BIRTH NO. 1. NAME OF DE (Type or Print)	9 /		2. DATE AND HOUR OF DE	m life the m
3. PLACE IN BA		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived,	If institution; residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET ATION)	A. STATE B. COUNTY MARYIAND C. CITY OR TOWN	MSIDE CITY LIMITS?
31	BALTIMORE CI 4940 EASTERN		BALTIMORE E. STREET AND NUMBER	YES NO .
S. SEX	BALTIMORE, M	ADVIAND	1 2438 DORTON COURT 1 B. DATE OF BIRTH 9. AGE (In years	21230 If Under 1 Yr. , If Under 24 Hrs.
	MECDO	MARRIED NEVER MARRIED WIDOWED DIVORCED	lost birthdoy)	Months Doys Hours Min.
FEMALE 10A. USUAL OC	NEGRO CUPATION (Give kind of wor	108, KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY
done during most o	of working life, even if retired)		VIRGINIA	USA
3. FATHER'S N.	AME		14. MOTHER'S MAIDEN NAME	U5A
	RICHARD VEENE	Y	CREALE VEENEY	
S. Was Decease	ed Ever in U. S. Armed Fo	rces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknov	vn) (If yes, give war or date	s of service) SECURITY NO.		MD
182 / / /	1 0 0/1 2 3	CAUSE OF DEA	RECORDS-BCH-4940 EASTER	AN AVENUE BALTIMORE
DISE	ASE OR CONDITION DI	7		BETWEEN ONSET AND DEATH
5100	LEADING TO DEATH	(A)IMMEDIATE C	AUSE UREMIA	16 mos
(This does	nol meon the made of e, asthenio, etc. It meons	dying, e.g., DILETO OR A	S A CONSEQUENCE OF:	
	mplication which caused	death.)	1 0	
	ANTECEDENT CAUSES	hupe	Atensine reprovascular	discore 16 mos
	OR CONDITIONS, if		AS A CONSEQUENCE OF:	***************************************
	he obave cause (A)	stoling the	while him den	ein 16 mis
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TO THE DE	II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	HE TERMINAL NI W	etes, Lypertenine C-	-Vose 16 mos
19A. DATE C		IDITION FOR WHICH OPERATION		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF		office bldg., INJURY OCCUR?	timore City, give exoct location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not W		
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		of alive on FRB 2	()	LeD 2 1960
	e) lost sow the decease	^ ^		opinion deoth occurred on the dot
		ted obove (1) (We) (did) (did not)	view the body ofter deoth.	
23A. STONAT	URE //	1 1	thending FX Med. Staff	23B. DATE SIGNED
De	edy		hys. Director Phys. L	teb 2/68
23C. PHYSIC	(Type)	. Aoki	23D. ADDRESS 46 Balt (City Hosps
24A. BURIAL CE	EMATION, 248. DATE	24C. NAME of CEMETERY of C		(City, town, or county) (State)
Rus	21 2 6 69	Ambutus Mon	Die	Monreland
SA. DATE REC	D BY HEALTH DEPT.	Arbutus Mem.	Pk Arbutus 25C. FUNERAL DIRECTOR	Maryland ADDRESS
FEB.	5 1968 OL	of E. Salley MA	Kelson Funeral Home	1348 Calhoun St.
VS 150-REV. 1/1	/6B		JIDOM WINGTON	. 740 002110011 000



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BALTIMORE CITY HEALTH DEPARTMENT

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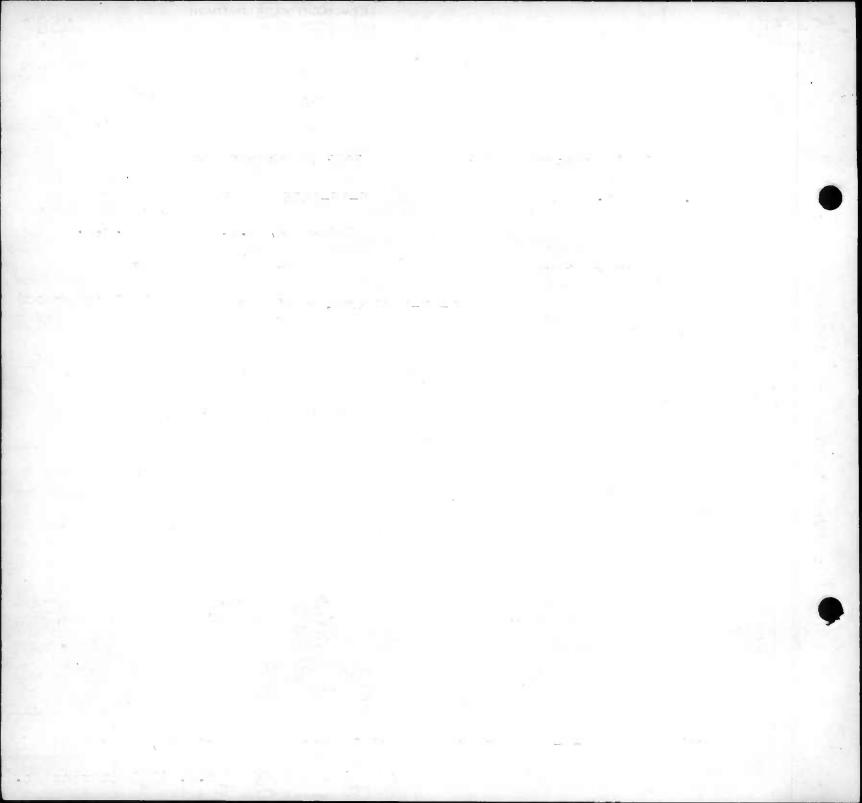
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(Type or Print)		2. DATE AND HOUR OF DEAT	H
AGNES SIEL		2.2.68	110 6
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	MARYMAND CITY OF BAL	TIMORE
HOSPITAL OR ADDRESS OR LOCA	.IION)		ISIDE CITY LIMITS?
22 THE JOHNS HOPKINS	HOSPITAL	BALTIMORE	YES XX NO
25		E. STREET AND NUMBER	1-02-
5. SEX 6. RACE	7	814 NORTH MEENWOOD AV	
	7. MARRIED X NEVER MARRIED	lost birthdoy)	Months Doys Hours Min.
FEMALE WHITE 10A, USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED		12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired)			12. CHIZEN OF WHAT COUNT
Housewife	At. Home	Baltimore. Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
MICHAEL SEABURGER		MARY LEONARD	
5. Was Deceased Ever in U. S. Armed Ford (Yes, no or unknown) (If yes, give wor or dotes	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Pasquale Stella 814 N. Ke	enwood Ave. Balto
18. 7 3 4 1/1	CAUSE OF DEA	тн	APPROXIMATE INTERVA
rise to the obove couse (A) UNDERLYING CONDITION last. # 3 6 // II OTHER SIGNIFICANT CONDITIONS CON	(c)	Man 1	T. C.
☐ IO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION GIVEN IN PART	IE TERMINAL	20A. AUTOPSY? (Yes or No!) 20B. IF YES, WER	E EINDINGS CONSIDERED
# 1. WAS PERF	popentilation	TAS IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)		in or about 21 C. WHERE DID (If in Baltim office bldg., INJURY OCCUR?	ore City, give exoct locotion)
OF INJURY (Month) (Doy) (Yeor)	(Hour) 21E. INJURY OCCURRED White At Not Wh	21F. HOW DID INJURY OCCUR?	
(APPROX.)	Work At Work	k L	
22. I certify that (1) (this hospital)			2.2 1968
that (1) we) lost saw the deceased	d alive on 2.2	19 68 and that in my (our) o	pinion death occurred an the d
ond haur and from the causes state	ed obave (1) (We) (did) (did nat)	view the bady after death.	
			238. DATE SIGNED
23A. SIGNATURE	IA. A	tending Med. Staff	2.2.68
	VIA FLOOR IN DA	ys. Director Phys. L	212100
23A, SIGNATURE Clustophe R 23C. PHYSICIAN'S	Meur Moderne Ph	23D. ADDRESS	2.2.2.
23C. PHYSICIAN'S NAME (Type)	Merent MD.	23D. ADDRESS	al Rolls md.
23C. PHYSICIAN'S NAME (Type) Chrietpher B. 24A. BURIAL CREMATION, 124B, DATE	VIA FLOOR IN DA	23D. ADDRESS Hopleins Hospid	al, Bulto, Md. City, town, or county) (State)
23C. PHYSICIAN'S NAME (Type) Chrietpher B. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	Merrit MD. DEGREE Ph.	23D. ADDRESS Toms Hopkins Hospit REMATORY 24D. LOCATION	al, Bulto, Md. City, town, or county) (Stote)
23A. SIGNATURE Chartone R 23C. PHYSICIAN'S NAME (Type) Chrietpher B. 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) Burial Feb. 6, 6	Merrit MD. DEGREE Ph.	23D. ADDRESS Toms Hopkins Hospit REMATORY 24D. LOCATION	al, Bulto, Md. City, town, or county) (Stote)

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ific	3	7 (1	Y.	P	QE
to	dy	0	0	se	L
2 00	bo	WS	S	ed	tte
This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a hospital a	the bady was released to the haspital by a medical examiner. Alsa, if the direct ar cantributing cause af dea	shaws: (1) An accident af any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceas	was D.O.A. at a haspital (except where the physician wha pranaunced death was in regular attendance on t	deceased priar ta death); and (6) Na physician was in regular attendance on the deceased priar to death. Su	written apprayal must be abtained befare the remains are embalmed ar final dispasition is made.
-	+	S	>	0	>

	68	- 138	BALTIMORE CITY	HEALTH DEPARTMENT	REG, NO.	68- 1386		
BIRTH NO.			CERTIFICA	TE OF DEATH				
1.NAME O (Type or Pri	DECEASED BURNELI		STEVENSON	2. DATE 2	AND HOUR OF DEATH	9:25 A. M.		
3. PLACE I	N BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceosed lived. If i	institution: residence before odmission)		
FULL NAM	OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN	lo IN	SIDE CITACIANTS?		
OITUTITO	DN .			BALTIMORE		YES NO NO		
00	3903 Mountwo	ood Roa	ad	E. STREET AND NUMBER				
s. sex	6. RACE	WIDOWED	DIVORCED	B. DATE OF BIRTH 5-15-1915	9. AGE (In years lost birthdoy) 52	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
done during	. OCCUPATION (Give kind of work most of working life, even if retired) EDORE	10B, KIND OF	F BUSINESS OR INDUSTRY	WINNSBORO,		U.S.A.		
13. FATHER	'S NAME			14. MOTHER'S MAIDEN N	IAME			
	James Steve	enson		Cora	Evans			
15. Was De (Yes, no or un	ceased Ever in U. S. Armed Fornknown) (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 217-07-1243	17. INFORMANT Mrs. Mamie	Stevenson	3903 Mountwood		
1B.	/ v V		CAUSE OF DEATH			APPROXIMATE INTERVAL		
	SOX I	RECTLY			C	BETWEEN ONSET AND DEATH		
4.71	LEADING TO DEATH (A) IMMEDIATE CAUSE CARRENOTH of Esphagus 8 months							
heart f	does not mean the mode of failure, asthenia, etc. It meons	the diseose,		A CONSEQUENCE OF:	mitastasis	1 220		
injury	or complication which caused					1 10		
	ANTECEDENT CAUSES		(B)					
	SES OR CONDITIONS, if to the above couse (A)			A CONSEQUENCE OF:				
UNDE	RLYING CONDITION last.		(c)	,.,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
OTHER TO THE	SIGNIFICANT CONDITIONS CO	HE TERMINAL						
	GE OR CONDITION GIVEN IN PAR ATE OF OPERATION 19B. CON WAS PERI	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?		
OR CO	CCIDENT WAS UNDERLYING DONTRIBUTING CAUSE OF	21E hon etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)		
O 21 D. TI		(Hour) 21E	INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?			
S OF INJ		WH	nile At Not While At Work					
22, 1 0	certify that (I) (this haspital) attended t	the deceased fram	June 16	19 67 to -	2 l. 2 19 68,		
	22. I certify that (I) (this haspital) attended the deceased fram June 16 1967 to 306. 2 1968, that (I) (we) last saw the deceased alive an 306. 1 1968 and that in (my) (aur) apinian death accurred an the date							
	aur and fram the causes stat	ted abave. (I) (We) (did) (did nat) v	iew the bady after deat	h.	DATE SIGNED		
23A. SI	GNATURE	1	Atte	ending Med.	Staff	23B. DATE SIGNED		
22.6.81	Robert D. C.	mest	OL ONCE	mding Med.	Phys.	2/2/68		
N/	ROLAND T. 51	4007		3817 CUFL	EY RD.	3ALTO. 15 MD.		
24A. BURIA	AL CREMATION, 24B. DATE	24C. N	AME of CEMETERY-OF CRE			City, town, or county) (Stote)		
Buria	2-6-6	8 Ar	butus Memor	ial Park	Baltimor	e, Maryland		
	REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS		
		0 20	Fiz Bouten	MORTON & I	YETT F.H.	1701 Laurens St.		
VS 150-REV						T. J. A. G. Ella De		



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(4) Undetermined cause; (5) contributing cause

BIRTH NO.

I. NAME OF DECEASED

00 1000	ATE OF DEATH	reg. No68
ATHERINE HAMILTON TOI	LIVER / _ :	HOUR OF DEATH 3/- deceased lived, If institution:
AND, WHERE PRONOUNCED DEAD HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY MARYLAND	
OR LOCATION)	C. CITY OR TOWN BALTIMORE	INSIDECTIVE L
	F STREET AND NUMBER	

Type or Print) K residence belore admission 3. PLACE IN BALTIMORE MARY FULL NAME OF HOSPITAL OR ADDRESS NO 3410 Woodbrook Avenue 3410 Woodbrook Avenue made 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE If Under 24 Hrs. Hours : Min. 7- MARRIED NEVER MARRIED Hours lost birthdoy) F. Negro WIDOWED DIVORCED 6-20-1929 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or largin country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SALISBURY, NORTH CAROLINA U.S.A. DOMESTIC WORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GRANT HOWARD ADA RANDLE 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 2024 Linden Ave Mrs. Andrea Randle CAUSE OF DEATH Or BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY baimed LEADING TO DEATH Scv. mos (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) em ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, the above cause (A) stating the UNDERLYING CONDITION last. 1711 Ш ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 208, IF YES, WERE FINDINGS CONSIDERED 20A. AUTOPSY? (Yes ar Na) 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED RLINUMA 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF hame, form, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC 21 D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased, from and that in (my) (our) opinion death occurred on the date e causes stated above. (1) (Wa) (Itd) (dld nat) view the body ofter deoth. and have and from the must 23A. SIGNATURE 23B. DATE SIGNED Med. Staff Director L 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type)

24A. BURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) REMOVAL (Specify) Maryland ADDRESS BURIAL 2-5-68 Mount Auburn Cemetery Baltimore 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. MORTON & DYETT F.H. 1701 Laurens V\$ 150-REV. 1/1/6B

Adenoenacinoma (ceams) 10/01

MEDICAL EVAMINED'S CEDTICICATE OF DEATH

68- 1388

BIRTH NO.	MEDICAL	EVAMILLER 2	LEKTIFICATE OF L	REG. NO.	
1. NAME OF DECEASED			2. DATE Known 1	Month Day	Year Hour
(Type or Print) IDEIA (I	delia Da	vid) DAVIS	OF DEATH Estimated [February 3,	1968 2:45 A.M.
4. PLACE IN BALTIMORE, MARY		NOUNCED DEAD		Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR INSTITUTION	N HOSPITAL OR INSTI OR LOCATION)	TUTION, GIVE STREET	PRONOUNCED DEAD 5. USUAL RESIDENCE (Where de	February 3,	1968 2:45 A. M.
60 1351 N. St	tricker St	ceet (DOA)	A. STATE Maryland	B. COUNTY	5-01
6. SEX 7. RACE	B. MARRIE	NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CI	TY LIAMTS?
Female Negro	WIDOWI	DIVORCED	Baltimore, Md.	YE	s 🔀 NO 🗌
lo lo	ost birthdov) A	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.	E. STREET AND NUMBER		
4-15-1930	37		1351 N. Stricker	r Street	
Baltimore, Mary		2. CITIZEN OF WHAT COUNTRY?	McKinley Sm:	ith	
4A.USUAL OCCUPATION (Give ki	nd of work 148. KIND	OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME		
done during mast of working life, even Clerk	R.J.	Reynolds Co.	Unk.		
6. WAS DECEASED EVER IN U.S	S. ARMED FORCES?	17. SOCIAL	18. INFORMANT	AL	DRESS
Yes, no or unknown) (If yes, give wor	ar dates of service)	214-26-138	4 Mr. John Da	vid 1326	Woodyear Str
19.		CAUSE OF DEA	TH		APPROXIMATE INTERVAL
DISEASE OR CONDITION	ON DIRECTLY	Intrace	rebral Hemorrhage		BETWEEN ONSET AND DEATH
LEADING TO D					
(This does not meon the mo heart foilure, osthenio, etc. It	ade of dying, e.g.,	(A) IMMEDIATE (DUE TO, OR	AS A CONSEQUENCE OF:		
injury or camplication which o	caused deoth.)	Hypert	ensive Cardiovascu	lar Disease	
ANTECEDENT CA	HISES				
DISEASES OR CONDITION	S, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:		0 0 4 4 4 4 4 0 0 4 4 4 4 4 4 4 4 4 4 4
RISE TO THE ABOVE CAUSE UNDERLYING CONDITION					
2		(C)			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REDISEASE OR CONDITION GIVE	LATED TO THE TERMIN		nephritis		
20A. DATE OF OPERATION		OR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
5/2					Yes
22A. EXTERNAL CAUSE WA UNDERLYING OR CONTRI UTING CAUSE OF DEATH		2B. PLACE OF INJURY (e.g., om e, form, foctory, street, affic	in or obout 22C. WHERE DID (If in bldg., etc.) INJURY OCCUR?	n Boltimore City, give exo	
UTING CAUSE OF DEATH 22D. TIME (Manth) (Doy		22E.INJURY OCCURRED	225 11014 010 101111	V OCCUPA	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE ORK	RY OCCUR?	
23,				1	
I certify that I held	d on Inquiry	Inspection Au	topsy X and that on this	basis, death in my	opinion
resulted from: Note	urol couses X	Accident Suicio	de Homicide Un	determined manner	
////	-10	63	CHIEF MEDICAL EXA	MINER 🗀	DATE SIGNED
ACTUAL SIGNATURE	Mesto	M.D	ASSISTANT MEDICAL EXA	MINER X	DATE SIGNED
EXAMINER'S NAME (Type)	Werner U.		ASSOCIATE MEDICAL EXA	MINER	2-3-68
	DATE	24 NAME of CEMETERY	or CREMATORY 24D. LO	CATION (City, town	, or county) (State)
REMOVAL (Specify) Burial 2	-7-68	Baltimore N	ational Cem. E	altimore,	Maryland
25A. DATE REC'D BY HEALTH DEI		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Al	DDRESS
EEB 5 196	38 R. P. B	2 Fallens	MORTON & DYE	ETT F.H. 1	701 Laurens

A The state of the enthings, thereing of A. a. a. horivard expristing - Treatment with the two seems and the transfer The arministration and first lead opening in

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

6	8-	1	3	8	0
	-				

BALTIMORE CITY HEALTH DEPARTMENT

TEICATE OF DEATH

68-	1389

1	CERTIFICATE OF DEATH							
	PE OF Print)		1		HOUR OF DEA		1101-	
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 114	USUAL RESIDEN	CE (Where	2 1968	If institution:	residence before odmi	
3. PLACE IN BALLIMORE, MARTLAND, WHERE PRONOUNCED DEAD			STATE	B. COUNTY			£	
HO	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV		MA CITY OR TOWN		ln I	INSIDE CITY	IMITS?	
11112	STITUTION		Baltomo.	re		VES-	NO 🗆	
42 Couri H			STREET AND NU	JMBER //	01	3		
	SINAI Hospital		2914	Hilla	/	loc		
s. s	THARRIED THEVER	MARKIED	DATE OF BIRTH		AGE (In years		Doys Hours M	
AOI	WIDOWED D	OR INDUSTRY 11.	, BIRTHPLACE (Sto	te or foreign	country) /	12. CIT	IZEN OF WHAT COU	
done	e during most of working life, even if retired)		211	N	/	11	ΓM	
13.	FATHER'S NAME		MOTHER'S MAI	1	ry 144	alle) / +	
	John Circu		11.11					
15.1	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIA	L 17.	INFORMANT	100	Sprige	13	ADDRESS	
(Yes	s, no or unknown) (If yes, give wor or dotes of service) SECUR	HITY NO.	100 CL . 1		665	10111	1/11/1	
	1B. 4 / 2 CAU	ISE OF DEATH	13,01)17 18	9 11	770 0	, , , ,	APPROXIMATE INTER	
	DISEASE OR CONDITION DIRECTLY				4		BETWEEN ONSET AND I	
	LEADING TO DEATH	LEADING TO DEATH (A)IMMEDIATE CAUSE Cerebrocuscular Acerdent 5hrs						
	(This does not mean the mode at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, asthenia, etc. It means the disease,							
	injury or camplication which coused death.)							
	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:							
1 1	DISEASES OR CONDITIONS IL ARY GIVING	DUE TO, OR AS A	CONSEQUENCE O	F:				
	rise to the above cause (A) stoting the	DUE TO, OR AS A	CONSEQUENCE O) F :		- O	>= # 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C).	DUE TO, OR AS A	CONSEQUENCE O	F:				
NO	rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C).	DUE TO, OR AS A	CONSEQUENCE O	F:				
ATION	rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C). 3 3 (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
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MEDICAL CERTIFICA	rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C). 3 3 I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, for the condition medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the decease that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (di 23A. SIGNATURE)	ERATION INJURY (e.g., in octory, street, office office) CCURRED Not While At Work ed from	20A. AUTOPSY? (*) If obout 21C. WHER bidg., INJURY Of the bidg., INJURY Of the bidg., INJURY Of the bidg. 21F. HOW 21F. HOW Application of the bidg. Med. Direct of the bidg.	PE DID CCUR? DID INJUR 190 and that r death.	Y OCCUR?	aplnian dec	19 14 occurred an the	
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MEDICAL CERTIFICA	rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C). 3 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, for the part of	ERATION INJURY (e.g., in octory, street, office) CCURRED Not While At Work ed from d) (did nat) view OEGREE Phys. 23 D METERY of CREM.	20A. AUTOPSY? (*) If obout 21C. WHER bidg., INJURY Of the bidg., INJURY Of the bidg., INJURY Of the bidg. 21F. HOW 21F. HOW Application of the bidg. Med. Direct of the bidg.	Pres or No) RE DID CCUR? DID INJUR 190 and that r death. 24D. LOC	Y OCCUR?	aplnian dec	19 19 19 19 19 19 19 19 19 19 19 19 19 1	

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, ,	BALTIMORE CIT	Y HEALTH DEPARTMENT
(BIRTH NO. 68- 1390 CERTIFICA	ATE OF DEATH REG. NO. 68- 1390
	1. NAME OF DECEASED (Type or Print) Rager Aux n	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY, OR TOWN / D. INSIDE CITY LIMITS?
	Union Memorial Hosp.	E. STREET AND NUMBER.
	aucon Homoral Josep.	2316 Hunter Street
mad	S. SEX 6. RACE WIDOWED DIVORCED DIVORCED	B. DATE Of BIRTH 9. AGE (In yeors lost birthday) 9. AGE (In yeors Months; Doys Hours; Min.
on is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' done during most a working life, even-if retired)	
sitio	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	la Misima Amin	BENTAMAS ?
	15. Was Deceased Ever in U. S. Armed Forces! (Yes, no ar unknown) (Ilf yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
fina	18. CAUSE OF DEA	HOSPITAL KE COLA APPROXIMATE INTERVAL
o p	DISEASE OR CONDITION DIRECTLY	Tie Shock BETWEEN ONSET AND DEATH
E	LEADING TO DEATH (This does not meon the made of dying, e.g., (A) IMMEDIATE CA	USE A CONSEQUENCE OF:
mbalmed	heat failure actionic ate II means the disease	ial alicen
0	ANTECEDENT CAUSES (B)	S A CONSEQUENCE OF:
s are	DISEASES OR CONDITIONS, if ony, giving of the disease that the abave cause (A) stotling the UNDERLYING CONDITION lost.	haditis Il A had
nain	600,/	Jacob Feel Jacob
e remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ŧ	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g.,	20 A. AUTOPSYTY'S or No. 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	OR CONTRIBUTING CALLES OF	in or obout 21 C WHERE DID (If In Baltimore City, give exect location)
	DEATH (notify medical examiner) etc.)	office bldg., INJURY OCCUR?
ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Wh	21F. HOW DID INJURY OCCUR?
þ	22. I certify that this haspital attended the deceased from	12/10 867:0 1/30 /168
pe o	that (I) (we) last sow the deceased olive on	19 68 ond that intmy (our) aprinian death occurred an the date
ust	and hour and from the couses stated above. (1) (West (did) (did not)	view the bady after death.
al m		ending Med. Staff 1
pprove	23C HYSICIAN'S NAME (Type)	THE UNION MEMORIAL HOSP LAL
арр	DR. HARRY F. HOLCOMB, JR. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	
		REMATORY (City, town, or county) (Stote)
ritten	Burial 2-3-68 Mt auburn	Em' Balto Ind

VS 150-REV. 1/1/68

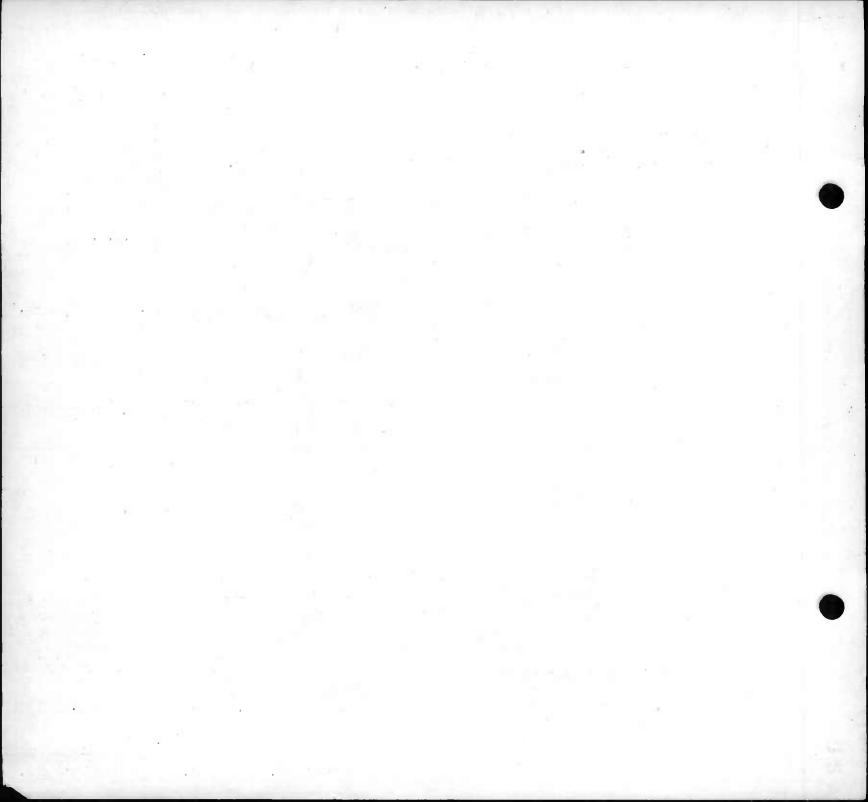
80 000 0 withour Drum 2 x 2 2 x 25 and to Calpools 34-4 20

36-56-47 ED

was D.O.A. at a haspital (except where the physician wha pronounced death was in regular attendance on the deceased priar to death. Such written appraval must be obtained before the remains are embalmed ar final dispasitian is made. This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a haspital and the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

0	1100	CO	1204 BALTIMORE CITY	HEALTH DEPARTMENT	1	20 4 204
1	400	00	1391 CERTIFICA	TE OF DEATH	REG. NO.	58- 1391
	H NO.					
	or Print)	11 12	NIVIC A.	2, DATE AND	-U-G	3:50 PM
3. P	LACE IN BALTIMORE	MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		ution: residence before odmission)
HO:	L NAME OF (IF	NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	Maryland c. City or town	D. WASIDE	CITY LIMITS?
	ltimore Cit			Baltimore	Υ	ES X NO
4	40 Eastern	Ave.		E. STREET AND NUMBER		
	ltimore, Ma		224	4940 Eastern A		
5. \$1	9 1	.) "	ARRIED NEVER MARRIED	1	ost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Nonths: Doys Hours Min.
F	emale	hite W	DOWED DIVORCED	2-13-74	93	
	USUAL OCCUPATION during most of working li-		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	2. CITIZEN OF WHAT COUNTRY?
	Housewife	I	lome	Maryland		U.S.A.
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E	0.0.2.
	?	Thomas		Amelia	?	
15. V	Vos Deceosed Ever in no of unknown) (If yes,	U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	0	g., o,		BCH: Records 494	40 Eastern Av	#21224 e. Baltimore. Ma.
_	1B. 4 / /	1	CAUSE OF DEAT			APPROXIMATE INTERVAL
	7/2/					BETWEEN ONSET AND DEATH
		ONDITION DIRECT	LY	21115	1	
	LEADING TO DEATH (A) IMMEDIATE CAUSE Probable Server (DUE TO, OR AS A CONSEQUENCE OF:					
	heart failure, asthenia, etc. 11 means the disease, injury or camplication which caused death.)					
	ANTECEDENT CAUSES (B) Decirbities incomment					
	DISEASES OR CON		3 3	A CONSEQUENCE OF:		
	UNDERLYING CONE		(c)	743CVD		
z	443X	II	NUTING	_		
	OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO		RMINAL	0		
	19A. DATE OF OPERAT	ION 198 CONDITIO	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
ERTIFIC	6 8	WAS PERFORM	(ED	No	IN CERTIFYING CAUSE	S OF BEATH?
O	21 A. ACCIDENT WAS		21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o		(If in Boltimore C	City, give exoct locotion)
CAI	DEATH (notify medical		etc.)			
ш	21 D. TIME (Month) OF INJURY	(Doy) (Yeor) (He		21F. HOW DID INJU	JRY OCCUR?	
Z	(APPROX.)		While Al At Work			
	22. I certify that (1)	(this haspital) ott	ended the deceosed from	2 - 1,9	963 10	2-9 1968.
	that (I) (we) lost so	w the deceased of	ive on 2 - 4	19 68 ond the	ot in (my) (our) opinio	on deoth occurred on the dote
	and hour and from t	he couses stated a	bove (1) (We) (did) (did not)	iew the bady ofter death.		
	23A. SIGNATURE		A H.	ending Med.	- " ^ /	3B. DATE SIGNED
	Ille	Luca	OEGREE Phy	s. Director L	Shaff Phys.	2-4-61
	23C. PHYSICIAN'S NAME (Type)			Baltimore City	Hospitals	
	P. Desm	ond	DEGREE	4940 Eastern Av		e, Maryland #21224
24A	BURIAL CREMATION REMOVAL (Specify)	, 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. LC		town, or county) (Stote)
E	urial	2/8/68	Oaklawn Cemeter	ry Balt	timore, Mar	vland
_	DATE REC'D BY HEA	1 , ,	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	, , , , ,	ADDRESS
	SEB 5	1968 0	60 Z. A	Leonard J.R.	uck Inc. 53	05 Harford Rd.

VS 150-REV. 1/1/6B

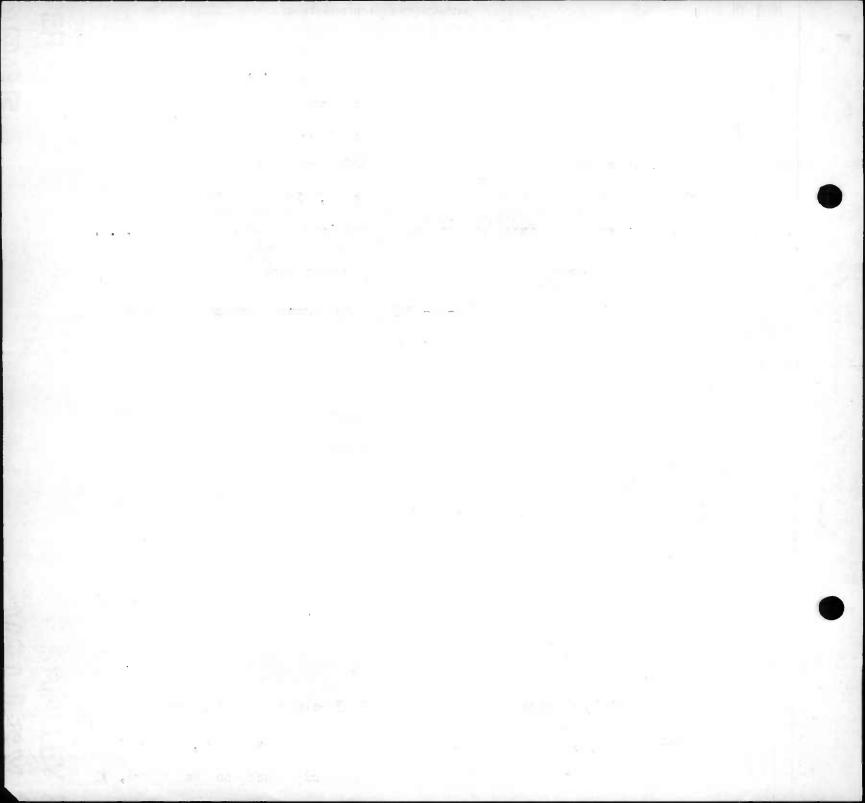


-		68	- 1392 BALTIMORE CIT	Y HEALTH DEPARTMEN		00 1000	
	IRTH NO.	00	CERTIFICA	TE OF DEAT	H REG. NO	68-1392	
1	NAME OF DEC	EASED		2, DAT	E AND HOUR OF DEAT	Н	
1	Charles H Zerhusen			Fel	h.J. 1968	1:00 A. N	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before odmission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 5636 Govane Ave			Maryland		77-40		
			C. CITY OR TOWN	D. 1	ISIDE CITY LIMITS?		
			Baltimore		YES X NO		
			E. STREET AND NUMB				
			5636 Govane				
•	SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (tn years lost birthdoy)	Months Doys Hours Min.	
_	Male	White	WIDOWED DIVORCED	May 2,1928	39		
OA C	during most of v	JPATION (Give kind at work working life, even if retired) LNA.ger	Southern States	Maryland	r foreign country)	U.S.A.	
_	FATHER'S NAM			14. MOTHER'S MAIDEN			
Peter A Zerhusen			Barbarba Rue	ale			
5		Ever in U. S. Armed For	rces? 1 6. SOCIAL	17. INFORMANT	JK.	ADDRESS	
,	es, na or unknown)	(If yes, give wor or dote	es of service) SECURITY NO.				
_	Yes	WW11	213-28-3345	Mrs Theres	a Zerhusen	Same	
	18.162	/ 1	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY BRUNCHIO CENIC (ARCINOMA)						
	LEADING TO DEATH (A) IMMEDIATE CAUSE RIGHT LUNG A4 MATE						
	noun remove, contents, ord, it meeters the crosses,						
injury or complication which caused deoth.)							
ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF:							
		R CONDITIONS, if above cause (A)	9.19	S A CONSEQUENCE OF:			
		CONDITION lost.	9	•••••		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	1621	11		-			
		ICANT CONDITIONS CO					
	DISEASE OR C	ONDITION GIVEN IN PAI	RT) (A).				
	19A. DATE OF	WAS PER	PORMED	20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED	
	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1966 DIAB	NOSTIC BIOPSY	// 0			
ب	OR CONTRIBU	IT WAS UNDERLYING [home, form, factory, street,	office bidg., INJURY OCCU	R? (It in Baltim	nare City, give exoct location)	
4		medical examiner	etc.)				
	OF INJURY	(Month) (Doy) (Year)			INJURY OCCUR?		
2	(APPROX.)		While At Not Whi	te			
100/1000							
that (1) (we) lost sow the deceased alive an 1714 of 19 6 and that in (my) (ew) apinion death occurred an the date and your and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	23A SIGNATU		red obove. (1) (me) (did) (did not)	view the body after de	oth.	228 DATE SIGNED/	
	237.310119	7/ , 10/-	lolole On 1) AH	ending Med.	Shaff	23 B. DATE SIGNED	
	114	SUN T.	DEGREE Ph	rs. Director L	Phys.	2/3/68	
	23 C. PHYSICIA		. /	23D. ADDRESS		/ /	
		Melvin F Po	lek M D DEGREE	3603 Belair	Rd Baltimor	e Md	
4	A. BURIAL CRE	MATION, 248. DATE	24C. NAME of CEMETERY OF CE	EMATORY 24	D. LOCATION	(City, town, or county) (State)	
	Burial	2/7/68	Holy Redeemen		Baltimore, M	arvland	
ž		BY HEALTH DEPT.	Holy Redeemer	25C. FUNERAL DIRE		ADDRESS	
	5	EB 5 1968	Dre 5 E, tarber!	Tanama J I	Ruals Ina Bal	timomo Md	

Leonard J Ruck Inc Baltimore, Md

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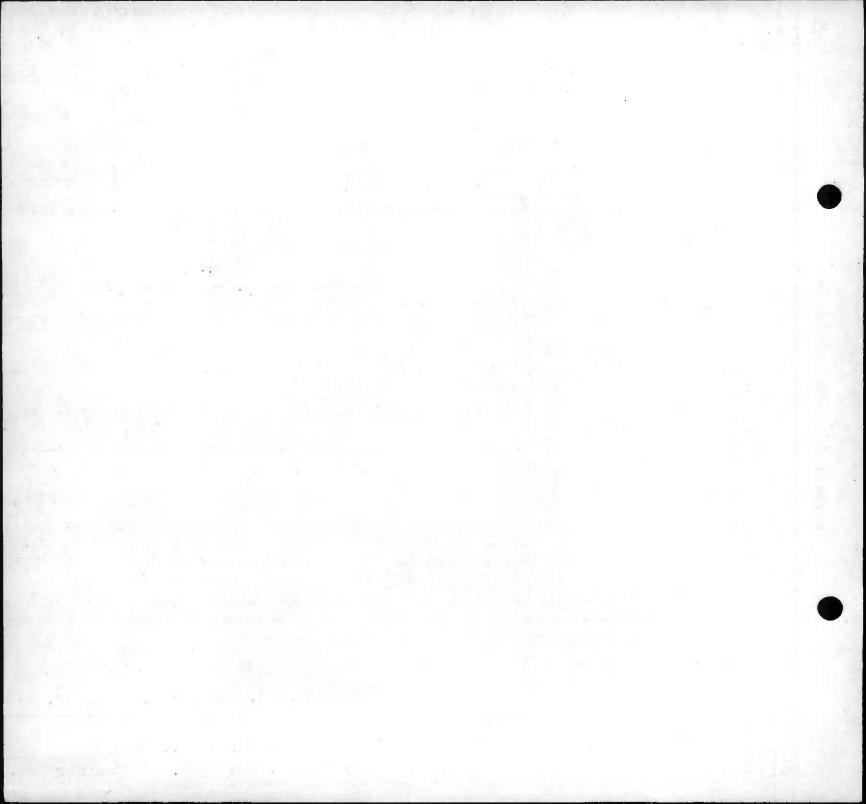
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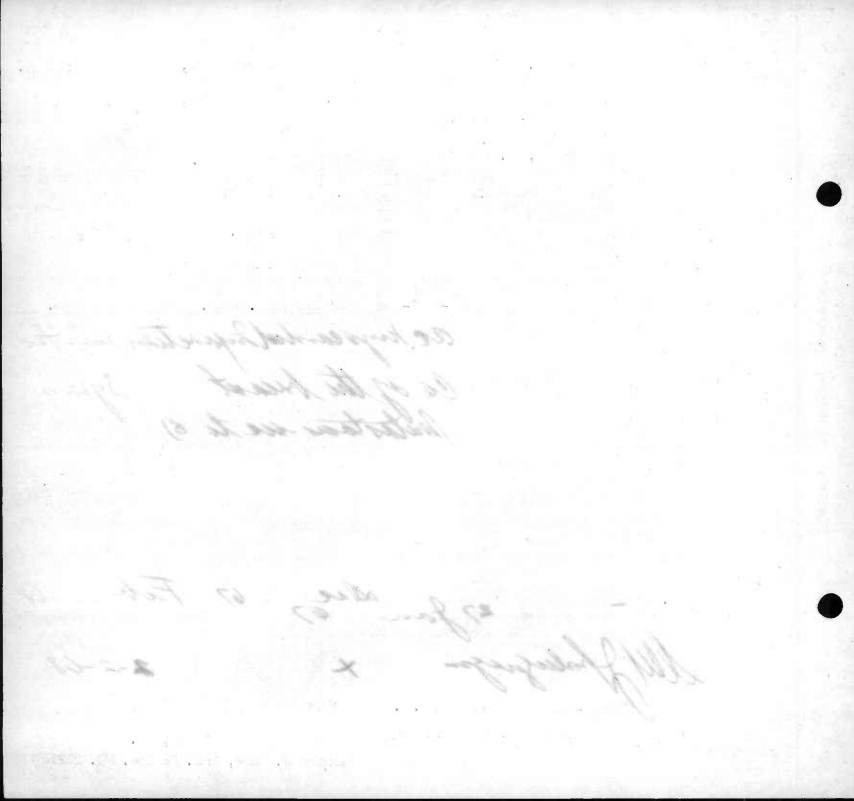
-68 139	3 BALTIMORE CITY	HEALTH DEPARTMENT		68- 1393		
		TE OF DEATH	REG. NO	2000		
BIRTH NO. I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH			
(Type or Print) KIRKHAM, FLLA	BARBARA	//-	H Tol- 18	1 / 10 P.		
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONO	0.414017.1.4	4, USUAL RESIDENCE (Where de	eceased lived. If institution	on: residence before odmission)		
		A. STATE B. COUNTY	2.	707		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	TUTION, GIVE STREET	M.D		184		
ΝΟΙΤΟΤΠΖΝΙ	10,0,00	C. CITY OR TOWN	D. INSIDE CIT			
JE FRANKLIN SQUARE F	TUSPITAL.	E. STREET AND NUMBER	YES	U NO U		
30		2022 E	1 Invititu	ILI ONDKULOV		
S. SEX 6. RACE 7. MARRIED		2025 6	AGE (In veors If U	WERRINAY		
I CILITE	NEVER MARRIED		birthdoy) Mon	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.		
H WHITE WIDOWED		1/12/86	81			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND Oldone during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY		
HOUSEWIFE		MARYLAND	M .	U. S. A		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	-			
JOHN W. HARDECK	EP	MARY R	AURENSCHI	MIDT		
5. Wos Deceosed Ever in U. S. Armed Forces?	16. SOCIAL					
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT MRS. /	LOCKI DEK	ISBRICH		
No	212056141B	4112 ELSR	UNE AVE.	2/214		
18. 4 3 6.91	CAUSE OF DEAT	1	7-1-1	APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY				30/800		
LEADING TO DEATH	(A) IMMEDIATE CAU	SE G. 11.10	>	a proces.		
(This daes not meon the made of dying, e.g., heart failure, asthenio, etc. It means the diseose,	DUE TO, OR A5	A CONSEQUENCE OF:				
injuly or camplication which caused death.)						
ANTECEDENT CAUSES	(n)					
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:				
rise to the above cause (A) stating the UNDERLYING CONDITION last.						
UNDERCTING CONDITION (US),	(C)					
Z 331X II	10011	with CHF +	AF	Ceveral		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	43600	boild offi	/]	years		
	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	B. IF YES, WERE FINDIN	NGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		III	N CERTIFYING CAUSES	OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING 218	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimore City,	give exoct locotion)		
OR CONTRIBUTING CAUSE OF hor etc	me, farm, foctory, street, of	fice bldg., INJURY OCCUR?				
0		215 HOW 515 W	0.5.51102			
U OF INJURY	E, INJURY OCCURRED hile At Not Whil	21 F. HOW DID INJURY	OCCUR?			
(APPROX.)						
22. I certify that (1) (this hospital) attended the deceased from 20th JAN 19 68 to 4th Fieb 1968.						
that (1) (we) lost saw the deceased alive an	6:10 4th 7	166 19 18 and that i	n(my) (our) opinian	deoth occurred on the dot		
ond hour and from the couses stated above. (, ·					
23A. SIGNATURE	(1) (10 (010) (010 1101) V	ion the budy offer deoffi.	/ 22 R	DATE SIGNED		
01.00 W	Atte	nding Med. Sta	/	4/1968		
Chew ou, 16	GEGREE Phy	i. ☐ Director ☐ Phy	s. L	4/ 1/00		
23C.PHYSICIAN'S NAME (Type)		Franklin Sq.	Hosn Ral+	imore Md		
	DEGREE	TIGHTITH DY.	nosp, bart.	imore, Ma.		
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY OF CRI	MATORY 24D. LOCA	ATION (City, tow	vn, or county) (Stote)		
Burial 2/7/68 Par	rkwood Comet	D = 3 + 1	0			
	rkwood Cemet	25C. FUNERAL DIRECTOR	ore Co., Ma	ary land ADDRESS		
SER 5 1068 00 6	E Fallen MI	Leonard J. Ru	ck Inc. 530	05 Harford Ro		
1300 116 De 0	C, account					



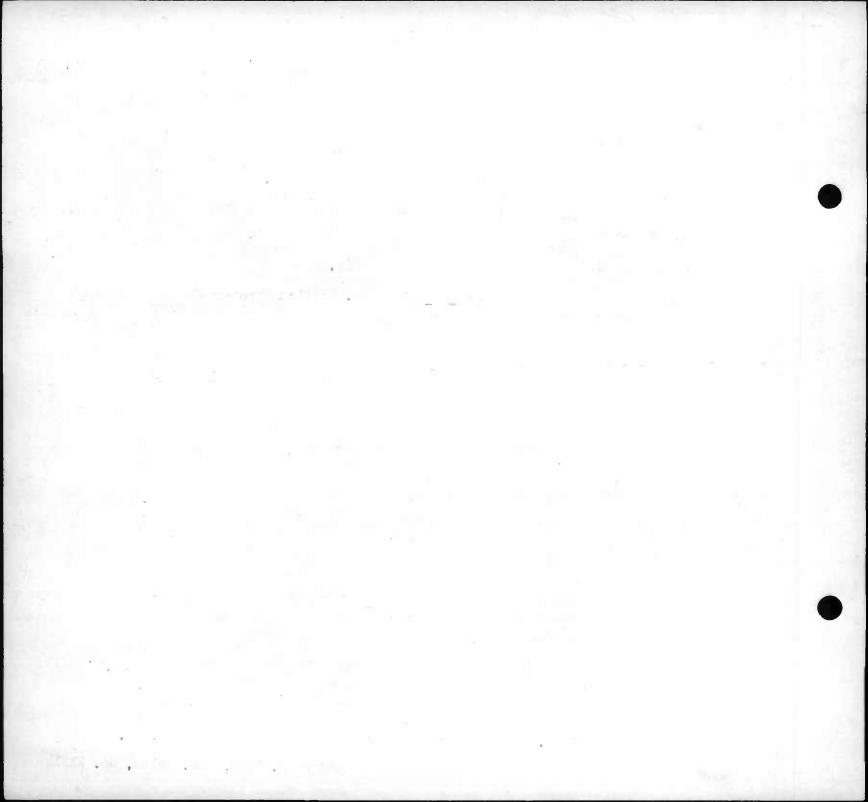
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				Y HEALTH DEPARTMENT		68- 1394		
9		68- 13	94 CERTIFICA	ATE OF DEATH	REG. NO.			
	TH NO.				D HOUR OF DEATH			
(Type or Print) Katharine M. Fav February 2.1968 7.25								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission and the property of the property								
EI	ILL NAME OF (IF)	I SO LATISON NI TOL	NSTITUTION GIVE STREET		Peddixee.			
H(NSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	0		rial Hospital	Baltimore		res 🚹 NO 🗌		
		00 Caton A		E. STREET AND NUMBER		29-01		
		ltimore, Md	· CICCY	5105 Hillbu		7 7 0 1		
	SEX 6. RACE		RIED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Months Days Hours N		
	Female Whi		WED X DIVORCED	Aug. 1, 1899	68 68			
	A, USUAL OCCUPATION ne during most of working life		ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT CO		
	Housewife		None	Baltimore,	Md.	USA		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA				
	Timothy Ke	lly		Sophia Kaufi	man			
15.	Was Deceased Ever in 1	J. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
(Ye	es, no or unknown) (If yes,	give war or dotes ol ser		O Tambella - Marin	II 3000) doton Arra		
_	No		215-485-23		· HOSD . 1000	APPROXIMATE INT		
	18. 174 X	1	CAUSE OF DEA	in /:/	10 / 7	BETWEEN ONSET AND		
H		ONDITION DIRECTLY	ach	carried.	represent	des Zecono		
		G TO DEATH	(A) IMMEDIATE CA	Y E				
		the made of dying, , etc. It means the dis		A CONSEQUENCE OF:	1 1			
		which coused deoth.)	11/1 1	1 The Mus	wit	Syear		
	ANTECEI	DENT CAUSES	(B)	1/0000 /0.00		1		
		DITIONS, if ony,		& A CONSEQUENCE OF:	- + 01			
	UNDERLYING COND	cause (A) stoting	Ine Smul	gloss su	-10 0)			
	170X	II	1		,			
C		ONDITIONS CONTRIBU						
ATION	DISEASE OR CONDITION							
FIC	19A. DATE OF OPERAT		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON CERTIFYING CAUS	NDINGS CONSIDERED		
ERTIFIC	0							
U	21 A. ACCIDENT WAS	UNDERLYING CAUSE OF	21 B. PLACE OF INJURY (e.g. home, form, loctory, street.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II In Boltimore	City, give exoct location)		
CAL	DEATH (notify medical	examiner)	etc.)					
0	21 D. TIME (Month)	(Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
ME	(APPROX.)		While At Not W			- /		
			Work LA At Wor	No Maria	167 7	de		
			ded the deceosed fram	we co	19 4 10	19_		
	that (I) (we) lost so	w the deceased alive	on fan	19 / ond th	not In(my) (our) opini	on death occurred on t		
	and hour gold from the	e couses stated abo	ove. (1) (We) (did) (did not)	view the body ofter death.	r			
	23A. SIGNATURE	1111				23B. DATE SIGNED		
	1/1/1/	police	elson A	Hending Med. Director	Staff Phys.	2-2-61		
	SCHWSICIAN'S	1	DEGREE	23D. ADDRESS		70		
	NAME (Type)	2 2 7 7	2-1		mini II modi	h o 1		
2.4	A RUDIAL COMMATION	nuel deJ Ro	driquez, M. Deer	Jenkins Memo		town, or county) (
24	A. BURIAL CREMATION, REMOVAL (Specify)	0 /m //0 /						
	Burial	2/5/68/	Baltimore Natio		Baltimore,			
25	A. DATE REC'D BY HEA	LTH DEPT. 258. N.	AME OF REGISTRAR	Leonard R	nek Inc. Ra	Ito Mon 2121		
	4 K 11 K	1200 OF CA	BE Stallens	L. J. Kuch	TINC.	DA /10.		

00 Caton Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FINDINGS CONSIDERED re City, give exact location) inion death occurred on the date 23B. DATE SIGNED ital
City, town, or county) (Stote) 2/5/68/ Baltimore National Cemetery Baltimore, Md. Leonard J Ruck, Inc. Ba lto. Mo. 21214

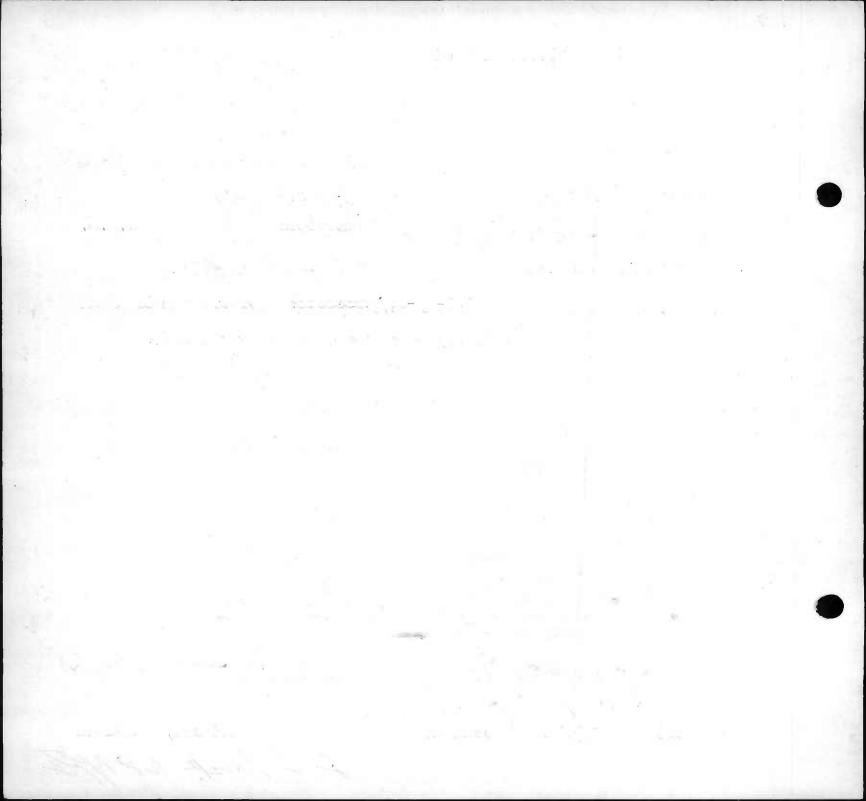


	68- 1395	BALTIMORE CITY	HEALTH DEPARTMENT	F	8- 1395				
RIDT	TH NO.	CERTIFICA	TE OF DEATH	REG. NO.	1000				
1, N (Typ	Mrs. Florence R. St	roterh	1055 2	B HOUR OF DEATH	ution: residence, before odmission				
FUI	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE! LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		A. STATE B. COUNT Marylan C C. CITY OR TOWN		CIN MILES				
3	4 Bon Secours H	spital	Baltimore E. STREET AND NUMBER	167	ES NO				
5. S	EX 6. RACE 7. MARRIED NI WIDOWED WIDOWED	VER MARRIED DIVORCED	B. DATE OF BIRTH 911 9	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Nonths Doys Hours Min.				
done	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI a during most of working life, even if refired) Housewife	NESS OR INDUSTRY	Maryland		American				
L	FATHER'S NAME Walter Hevern Wos Deceased Ever in U. S. Armed Forces? 16.5	OCIAL	Eliz. COOK	E	ADDRESS				
Yes	, no or unknown) (If yes, give wor or dotes of service)	-28-4654	Mr. William Str	oterhoff xxxxxxxxxxxx	(Same)				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heorl foilure, osthenio, etc. 11 meons the diseose, injury or complication which caused death.)	(A) IMMEDIATE CAL DUE TO, OR AS	A. S D W	D. will	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FLANT HUM				
z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(B)	A CONSEQUENCE OF:	,					
L CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED				
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLAC	E OF INJURY (e.g., in, foctory, street, o	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exoct location)				
_	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJU OF INJURY (APPROX.) While At Work	RY OCCURRED Not While At Work		IRY OCCUR?	1,				
	22. I certify that (N (this haspital) attended the deceased from 14 68 19 to 2/3/68 19 that (N) (we) last saw the deceased alive an 2/3/68/66/19 and that in (N) (aur) apinion death accurred on the date								
	and haur and fram the causes stated abave. (1) (We 23A. SIGNATURE Mohamaele	OEGREE Phy	ending Med. Significant Director	Shaff Phys.	2/3/68 6.a.				
244	23C. PHYSICIAN'S NAME (Type) M. MOHAMADI	OEGREE	Bon Se Cour	rs Hospita					
24A	REMOVAL (Specify)	rood Cemete		Baltimore,	Md. (Stote)				
25 A	DATE REC'D BY HEALTH DEPT. 258. NAME OF RE			ck, Inc. Bal	to. Md. 21214				
VS	150-REV. 1/1/6B								



VS 150-REV. 1/1/6B

. 1	51	58- 1396 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 1396
C 73	0.5	CERTIFICATE OF DEATH
eat	- 5	INAME OF DECEASED PINAME OF DEATH
d e	S	(Type or Print) 18. Pinto 100. 100 100. M
4- 0	9 t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If inclination: residence before admission)
se (5)	60	\sim \sim \sim \sim
	0 ~ 4	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
CO	=======================================	
9	prior	Maleyland Conesal E. STREET AND NUMBER OF ON O
- 0	7 9 9	1536 Shedleed Road.
	D P P	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (1/2 years 1/2 Under 1 Yr. If Under 24 Hrs. 1/2 Under 1 Yr. 1/2 Unde
# 5	regul eased is ma	Male Weste WIDOWED DIVORCED 7/12/08 59
C e	ced n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
or nde	dec	desired uring most of working life, even if retired to the state of th
- >	was the d positi	13 ATHER'S NAME
. 6 4	S	Hensy Paris Oligan Rossia.
P P	on t	15. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
0 .	0 0	SECURITY NO. 212-05-6473 Excess Myrtle N Davis Same
	_ = =	18. APPROXIMATE INTERVAL
0 -	o d o	BPTWEEN ONSET AND DEATH
	⊃ ± 0	LEADING TO DEATH (A)IMMEDIATE LAUSE
ure V		(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
ct	olar mba	injury ar complication which caused deoth,)
fro	000	ANTECEDENT CAUSES
0 4	re e	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
% (€) (€)	in a	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C).
s,	vas ir mains	42011
edical burns;		6 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
EX	0 0	SEASE OR CONDITION GIVEN IN PART 1 (A).
o o	physici fore the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. Date of OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? (New or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
	phy fore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimare City, give exact location)
2 p		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF Home, form, factory, street, office bldg., INJURY OCCUR?
re e	ZZ P	
hosp	÷ 0 e	OF INJURY
4	d d	(APPROX.) Work At Work
4 5	o o bid	22. I certify that (1) (this hospital) attended the deceased fram 2/3/15/15/15/15/15/15/15/15/15/15/15/15/15/
ofo	al (h); be	that (we) last saw the deceased alive an 2/3 / 19 CS and that in an (aur) apinion death accurred on the date
P +	ospital (death); must be	and hour and from the couses stated-above. (Wel (did)
eased	ospit deat must	23 A SIGNATURE 23 B. DATE/SIGNED 23 B. DATE/SIGNED
ele	들수글	Director Phys. Director Phys.
Sr	prior	23 D. ADDRESS 23 D. ADDRESS
A		NUB.A.A. SpiER. DEGREE
ξĒ	e o	Burial CREMATION, 24B. DATE 24T. NAME of CEMETERY or CREMATORY Baltimore, Maryland (Stote)
	D das	
the shov	was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR 25C. EUNERAL DIRECTOR 25C. EUNERAL DIRECTOR 25C.
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	68-	1397
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	08-	1397

BIRTH NO.	CERTIFICA	ALE OF DEATH	
T MANUE OF DECEASED	. 0 1	2. DATE A	ND HOUR OF DEATH
(Type or Print)	NOR, Raymond (2-4-61 5.40AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE			ere deceased lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION INSTITUTION (FNION MEMORIAL HOSPITAL		C. CITY OR TOWN GALTINGKE E. STREET AND NUMBER	VES NO
William I and the state of the		HARPORD	koro, 5224
Male W WII	ARRIED NEVER MARRIED DOWED DIVORCED	12-07-88	9. AGE (in years last birthday) 11 Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if retired) RETIRED (ARPENTER	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or fore	DAREN JERSEY USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME
HERBERT NORRIS CON	NOX	FRANCES	THATCHER
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no at unknawn) (If yes, give war at dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	215-18-926	3 Mrs Arabell	a A Connor Same
1B. 2 5 9 1	CAUSE OF DEA	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	h	
LEADING TO DEATH	(A) IMMEDIATE CA		
(This daes not mean the made of dyin heart failure, asthenia, etc. It means the injury ar camplication which caused deat	disease,	A CONSEQUENCE OF:	
ANTECEDENT CAUSES		"VA	
DISEASES OR CONDITIONS, if any,		S A CONSEQUENCE OF:	
rise to the above cause (A) state UNDERLYING CONDITION last.	ng the (c) Diag	felts millil	us
260 X II			
O OTHER SIGNIFICANT CONDITIONS CONTRIE			
DISEASE OR CONDITION GIVEN IN PART + 14	١).	120 A A LURO DAVA (V N	200 IF Ver LUCRE FILENCE COLUMN TO THE
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		NO	a) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare City, give exact lacation)
21D.TIME (Month) (Day) (Yeor) (Ho		21F. HOW DID IN	JURY OCCUR?
(APPROX.)	While At Work At Work		
22. I certify that (1) (this hospital) att	ended the deceosed from	1-27-	1968 to 2-4-1968,
that (I) (we) last sow the deceased al	2	4 68	hat in(my) (our) opinion death occurred an the date
and have and from the causes stated a	bove. (1) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE	1 1		23B, DATE SIGNED
Javanut So	fungting, M. OAH	ending Med. Director	Shaff \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
23C. PHYSICIAN'S	UEGREE!		MORTAL HOSPITAL
NAMES ARAVUT SRIFUE	NGFUNG	THE OHION THE	
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D	LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Burial 2/7/68	St. John's		Hydes Maryland
	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R ADDRESS
EEB 5 1968 P.J.	B. E. Farber M.A	Lagrand a	Ruck Inc Baltimore Md

Francisco Committee of the Committee of galan masangan processor seg. prijeste iti Stranicular and all allers

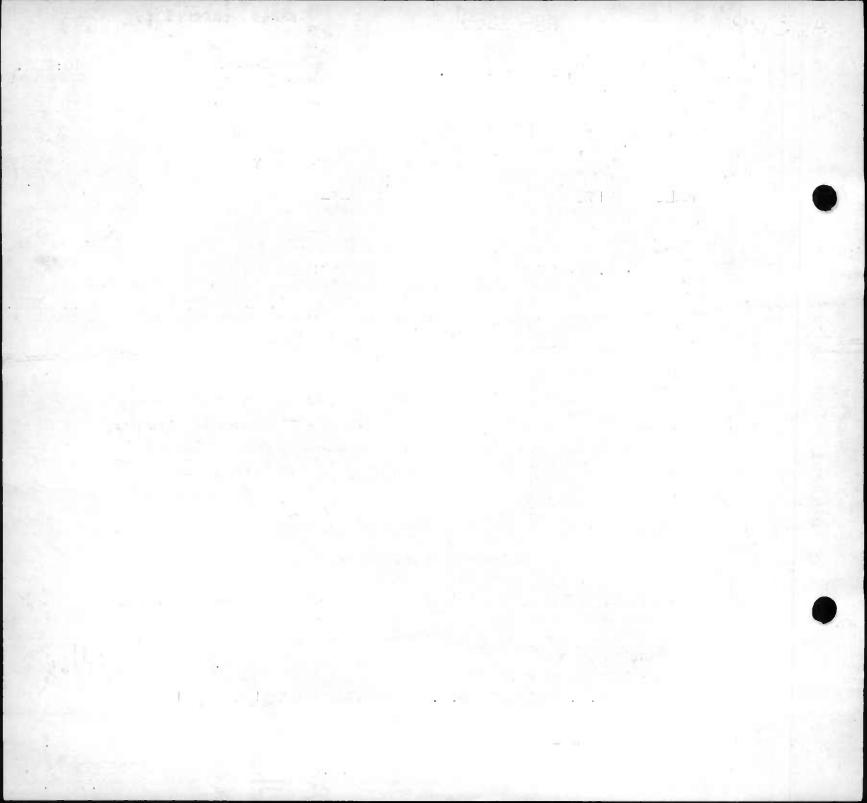
.68-, 1398 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

BIRTH NO.	KEG. NO.	
I. NAME OF DECEASED	OF	Yeor Hour
FREDERICK /// DIMATTEI	DEATH Estimated February 3, 196	58 5:10 P. _{M.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD February 3, 1968	191.
UNION MEMORIAL HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceosed lived. If Institution: resi	dence before odmission)
ONION PEMORIAL HOSPITAL (DOA)	Maryland	7-38
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE OF LIFE	NIIS?
Male White WIDOWED ☐ DIVORCED ☐	Baltimore YES 2	NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
May 25, 1915 52?	1803 Crestview Road	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland WHAT COUNTRY?	Charles DiMattei	
IAA. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
Salesman Dairy	Anna Schmidt	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 017. SOCIAL	18. INFORMANT ADDRE	SS
(Yes, nd drunknown) (If yes, give yet to grates of service) SECURITY NO. 215-10-231	4 Mrs Margaret A DiMattei	Same
19. L D J 9 CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Multipl	e Injuries	DETWEEN GROCK AND DEATH
LEADING TO DEATH		
(A)IMMEDIATE C	AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
I KISE TO THE ADOTE CHOSE (A) STATITIO THE	AS A CONSEQUENCE OF.	
UNDERLYING CONDITION LAST. (C)	***************************************	
E 816,4 II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED 21.	AUTOPSY? (Yes or No)
		Yes
22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exoct loce bldg., etc.) INJURY OCCUR?	otion)
☐ UTING ☐ CAUSE OF DEATH. Street	Ready Avenue and Gleenwood	45-10
DF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR? Truck-tr	uck collision
MARRONN 2 3 1068 /1.25 WHILE AT NOT	WHITE Driver struck other truck.	
23.		
I certify that I held on Inquiry Inspection Au	topsy x ond that on this basis, death in my opin	ion
resulted trong: Notural couses Accident X Suicide	le Homicide Undetermined monner	
111/0. 1 5 -	CHIEF MEDICAL EXAMINER	
ACTUAL UNIONIC h - 200	ASSISTANT MEDICAL EXAMINER TO	DATE SIGNED
SIGNATURE M.D. Spitz, M.D.		2-4-68
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	2-4-00
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or	county) (State)
REMOVAL (Specify)		
Burial 2/7/68 Baltimore	National Baltimore Mar 25C. FUNERAL DIRECTOR ADDRI	ryland
25A. DATE REC'D BY HEALTH, DEPT. 25B. NAME OF REGISTRAR	Leonard J Ruck Inc Bal	timore Md
and different and	Leonard & Nuck she bac	comone ma.
VS 151-REV. 1/1/68	W-E-0-9-9	
	All the second s	

is trained in the first part of the first of the state of Less in the state of the state on exchesse 2. W. Seg - Sealer of the

-308	68		TE OF DEATH	5 68 - 1399
ath sed the uch	BIRTH NO.	CERTIFICA		9.00
0 0 0	1. NAME OF DECEASED		2. DATE AND HOUR OF 1	10:20A M
of do Dece	3. PLACE IN BALTIMORE, MARYLAND, W	HARLES E.	4. USUAL RESIDENCE (Where deceased liv	
spi () D			A. STATE B. COUNTY	
d ar	HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	ANNE ARUNDEL D. INSIDE CITY LIMITS?
se, se, to	THE JOHNS HOPK	INS HOSPITAL	SEVERINA PARK	YES NO X
in igan	R 3 BALTIMORE, MD.		E. STREET AND NUMBER	
D.=_ L			ROUND BAY BOX	8 32-00
ibut ibut ined ined d p	5. SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year lost birthday)	ors If Under 1 Yr. If Under 24 Hrs.
ntrib rmin egul ssed	MALE WHITE	WIDOWED DIVORCED	2-5-08 59	
cec rece	toA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
in inde	ATTORNEY	LAW	MARYLAND	USA
de Cur	13. FATHER'S NAME	death to VV	14. MOTHER'S MAIDEN NAME	
rect (4) (4) the ispo	THOMAS B. ATHEY		AVARILLA EDWARDS	
stant ind; eath e on	15. Was Deceased Ever in U. S. Armed Fore	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
kin kin de ce	NO NO	SECORITI NO.	WILLIAM B.ATHEY "	215 UPNOR RD. BALTO
ass d d d d r f i	18. 3 9 6 0 1	CAUSE OF DEAT		APPROXIMATE INTERVAL
o, if fany nced enda d or	DISEASE OR CONDITION DIR	RECTLY	diac arrest	BETWEEN ONSET AND DEATH
Also, Also, och	LEADING TO DEATH	(A) IMMEDIATE CAL	JSE	
2.50.8	(This does not meon the made of heart failure, asthenia, etc. It means	the disease,	a consequence of:	
ine act act br	injury or camplication which caused	death.)	- 115 1 117 100 , N	1 A
H tr	ANTECEDENT CAUSES	(B) (F)	T MS+MIT, APB+SC A,CONSEQUENCE OF:	no veni
X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if or rise to the above couse (A)	stating the	dispence of 2 individing	pacemakon
al an an	UNDERLYING CONDITION last.	(c)		
dicalical rns; sici	z 410 X II	A A	1 = a + 11 . 11°	
bu bu hy	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	HE TERMINAL	1) Chast AKIVU	
d d d	DISEASE OR CONDITION GIVEN IN PART	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
chi Bo Bo th th	WAS PERF	OKMED	YES IN CERTIFIE	NG CAUSES OF DEATH?
ph for	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	in or obout £1C. WHERE DID (If in ffice bldg., INJURY OCCUR?	Boltimore City, give exoct location)
be be	DEATH (notify medical examiner)	etc.)		
d b d spidson	21D.TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ho ho nat	(APPROX.)	While At Work At Work		
こう × × E P	22. I certify that (1) (this hospital) attended the deceased from	2/1/68 19 10	2 3 1968
app to the fan fan (e o o o o	tho (N) (we) lost saw the decease	5/2		ur) opinian deoth occurred an the date
0 0 0 7 -	ond hour and from the causes stat	ed obave. (We) (did) (did not)		
st be dent ospiri dear	23A. SIGNATURE			23B. DATE SIGNED
ccid ccid a ho	H. Kl. Ste	aght DEGREE Phy	ending Med. Shaff	2/3/61/
0 - 0 - 0 0	23C.PHYSICIAN'S NAME (Type)	/	23D. ADDRESS	1=1
was r was r A at a prior	H.M. ME.	MEHER M.D.	JOHNS HOPKINS HOS	PITAL
A Da	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
This certificat the body was shows: (1) An was D.O.A. at deceased prid	BURIAL 2-6-68	B LOUDON PARK	BALTIMO	DRE MD.
	2SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
This the sho was	BEB 5 1968 (ii	De 5 E Jankey Ma	H.W.JENKINS & SONS	6 CO.4905 YORK RD.

H.W.JENKINS & SONS CO.4905 YORK R alub E. Falluna 5 VS 150-REV. 1/1/6B



	68-	1400 BALTIMORE CITY	HEALTH DEPARTM	ENT	68- 14nn	9
010		CERTIFICA	TE OF DEA	TH REG. NO.	00 T-300	_
1. N	TH NO. AME OF DECEASED //	(4) 11:	. / 2. 0	ATE AND HOUR OF DEA	2.0	
(Тур	e or Print) Mueller,	William	H.	2/-1/	68 2 100 A	, М.
3. F	LACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD		CE (Where deceased Hyed. I	f institution: residence before odmission	n)
FU I	L NAME OF UF NOT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	C. CITY OR TOWN	Balt.	1/4	
INS	HI Union	eminal	Bal	7	NSIDE CHY LIMITS?	
	47 Ocolion	Han	E. STREET AND NU	MBER /	1, 17,	11
		1103/0	1010	ndoup	CHATS Al-1	7
5. S	111 M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (th years lost birthday)	Months Days Hours Min.	15.
10A	USUAL O CUPATION (Give kind of work 10 B.	DOWED DIVORCED KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or loreigh country)	12. CITIZEN OF WHAT COUNT	RY:
done	during most of working life, even it retired)	BANVING	MAU	Mand		
13.	FATHER'S NAME	HIVEING	14. MOTHER'S MAIL	DEN NAME		
	Mullia in	Tueller	Tob	Curana (autes	
15. Yes	Nas Decoased Ever in U. S. Armed Forces?	1 6. SOCIAL service) SECURITY NO.	17. INPORMANT	arino	ADDRESS	1
	No	214-18-933	6 50	n 200	a Woodlagen la	
	1B. 1110.9	CAUSE OF DEATH			APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECT	LY	(1.	Line Aure	1	
	(This does not mean the made of dyin		SE CONSEQUENCE OF:	1acorre	(c.Fib)	
	hearl failure, asthenia, etc. Il means the injury ar camplication which caused deat		44	CVENCY	(C. Pap.)	
	ANTECEDENT CAUSES	(B)	17400	andial In	tantion	
	DISEASES OR CONDITIONS, if any, rise to the abave cause (A) state		A CONSEQUENCE OF	F:	/	
	UNDERLYING CONDITION last.	(C)				
z	420. II	BUTING				
ATION	TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (A	RMINAL				
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY! (Y	es or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
CERT	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 71 C WHER	F DID (If In Robi	more City, give exoct location)	
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, of	ice bldg., INJURY OC	CUR?	more City, give exact location;	
20	21 D. TIME (Month) (Day) (Yeor) (Ho	out 21E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?		_
ME	OF INJURY (APPROX.)	White At Not While			/ .	
	22. I certify that (1) (this haspital) of		1/29	19/08 to	2/4 19.60	P
	that (If (we) just saw the deceased al	ive on 2/4	19 60	and that in my (aur)	apinion death occurred on the d	ote
	and haur and fram the causes stated a	bove. (1) (Ve) (ad) (did nat) v	iew the bady after	death.		
	23A. SIGNATURE	mala Ame	nding Med.	Shaff	23 B. DATE SIGNED	
	THIN CHILL	Phys	. Directo	ar Phys.	2/4/68	
	BARRY J WECKESSER	/	3D. ADDRESS THE	UNION MEMOR	RIAL HOSPITAL	
244		M.D. DEGREE 24C. NAME OF CEMETERY OF CRE	MATORY	24D. LOCATION	(City, town, or county) (Stotel	_
	REMOVAL (Specify) 1tombment 2-6-68					
		Lorraine Park	25C. FUNERAL D		Md .	
1.1		n R. O. T. D. MA			Co.4905 York Rd	

Balto.,Md.

Ser section Condiction Presental entre 1-4

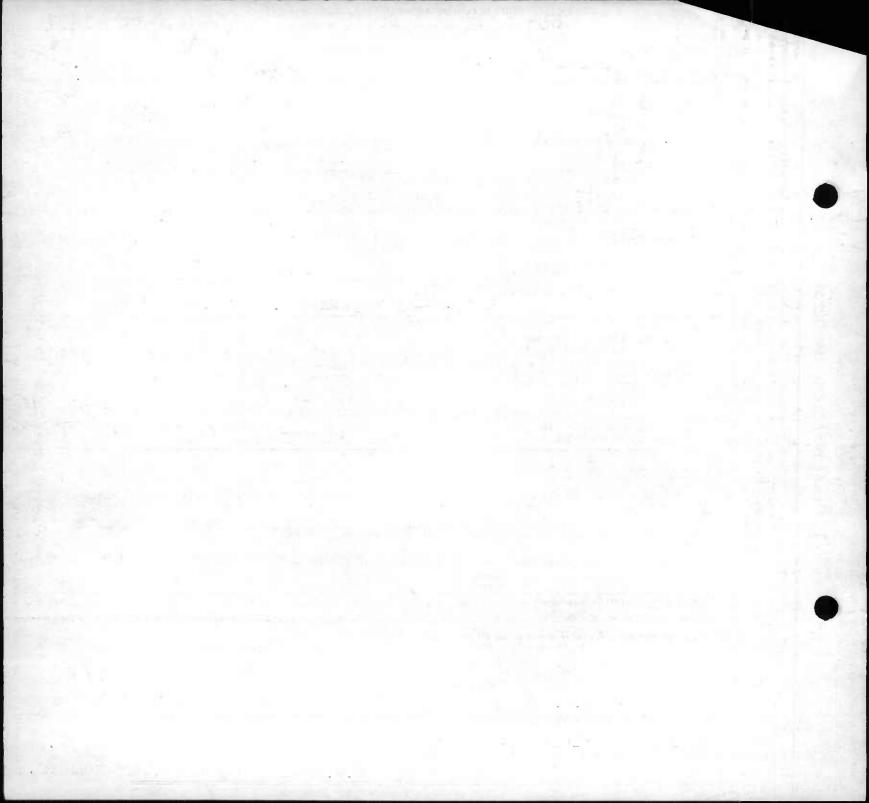
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of v shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decev

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospit

BALTIMORE CITY HEALTH DEPARTMENT

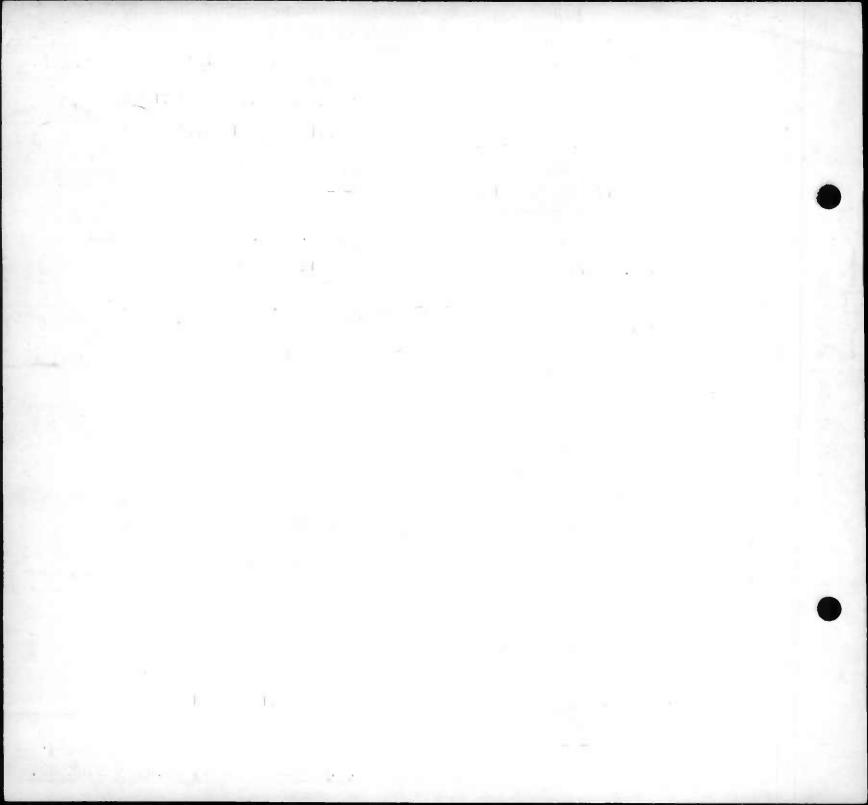
68- 1401

BIRTH NO.		CERTIFICA		AIT AND HOUR OF DEATH	
(Type or Print)	ELLAM. AT	KINSON		2/2/28 5 A	5.00 A
3. PLACE IN BALTIMORE	MARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived. If in B. COUNTY	stitution: residence before odmissio
FULL NAME OF (IF	NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAN	BATTIMORE	COUNTY
NOITUTION	DRESS OR LOCATION		C. CITY OR TOWN		IDE CITY LIMITS?
JOHNS HOPI	ZINS HOSPI	AL	LUTHER'		YES NO NO
33					53.00
5. SEX 6. RAC	7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	JARLES STREET 9. AGE (In years	If Under 1 Yr. , If Under 24 H
FEMALE W		OWED DIVORCED	4-1-23	lost birthdoy)	Months Doys Hours Min.
MA. USUAL OCCUPATION	(Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNT
done during most of working I		WN HOME	LONDON	, ENGLAND	USA
3. FATHER'S NAME			14. MOTHER'S MA		
ARTI	HUR MACMIN		CONS.	TANCE TAYLOR	
5. Was Deceased Ever in Yes, no or unknown) (If yes,	U. S. Armed Forces?	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO NO	g	212-50-1307	EDWARD	J. ATKINSON	SAME
1B. 1714 V	1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	II ONDITIONS CONTRIBU				
▼ DISEASE OR CONDITION	OT RELATED TO THE TERM ON GIVEN IN PART 1 (A).			8	
19A. DATE OF OPERA	WAS PERFORME	FOR WHICH OPERATION MISTASTATIC CITAST	YES	(Yes or No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING	UNDERLYING	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHE ffice bldg., INJURY C	RE DID (If in Boltimor	e City, give exoct locotion)
	(Doy) (Yeor) (Hou	White At Nort While Work At Work	• 🗖	V DID INJURY OCCUR?	140
22. I certify that (!	(this haspital) offer	nded the deceased fram	1/1	19 68 to 2	1-/2 19 6
	w the deceased aliv	you my my	19 68	and that in (my) (aur) api	nion death accurred on the d
and hour and fram	he causes stated ab	ave. (I) (We) (did) (did nat) v	iew the bady afte		
23A. SIGNATURE	13	11			23B. DATE SIGNED
217	1. 1 Senne	MD DEGREE Phy	nding Med s. Direc		2/2/68
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	OUNC HODIVING	IOCD LTAI
		VETT		OHNS HOPKINS H	IOSPITAL
24A. BURIAL CREMATION REMOVAL (Specify)	I, 248. DATE	24C. NAME of CEMETERY of CRI	MATORY	24D. LOCATION (C	ity, town, or county) (State)
CREMATION	2-5-68	GREENMOUNT		BALTIMORE	MD.
25A. DATE REC'D BY HEA	1000	AME OF REGISTRAR	25C. FUNERAL	KINS & SONS CO	.4905 YORK RD.
	TOUGHT. D.	ON VI C. STOLENGER	m.w.JEN	VIND & DOMO OF	1.4707 TOILL TU.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	68.	- 140	9 BALTIMORE CITY	HEALTH DEPARTMENT		68- 1402
BIR	TH NO.	T.XO	CERTIFICA	TE OF DEATH	Registered No	
	L CASE NO.	-17			ID HOUR OF DEAT	<u> </u>
	pe or Print) KATHERINE	ETT. NAEN	NX.	FEB	2, 1968	9.60 A . M.
3. 1	PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When		institution: residence before admission)
1	FILL MANAGOS (II and in housing	an implifution in	Number of the set			TIMORE
11	FULL NAME OF (If not in hospitat HOSPITAL OR oddress or location		ive street		side city limits, write	
12:	NSTITUTION			BALTIMORE	IN CITY	1113
1-	THE JOHNS HOPKINS	HOSPITA	L		rural, give location)	011)
				FOOT FALLS D	OAD	THE PARTY OF THE P
5. 9	EX 6. RACE	7 AA A PRIED	NEVER MARRIED	5203 FALLS R	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
FI	EMALE WONTE	MXIRRYEE	DIVORCED (specify)	12-3-02	lost birthdoys	Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
don	e during mast of working life, even il retired) HOUSEWIFE			DATED MO		
13.	FATHER'S NAME			BALTO., MD.	M F	USA
	ALBERT F. HOLTZ			NELLIE		
15. (Ye	Was Deceased Ever in U. S. Armed Far. s, no or unknown) (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	0	-	705-05-4878	ALBERT H. N	VAENY	SAME
	DISEASE OR CONDITION DIR	ECTI V	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	CECILI	//	rpho sarcoma		5 years
	(This does not mean the made of		DUE TO	17 res Jude 1700	• • • • • • • • • • • • • • • • • • •	
	heart failure, asthenia, etc. It means injury or complication which caused			*		
			(8)			
	ANTECEDENT CAUSES		DUE TO			
	DISEASES OR CONDITIONS, if		, es			
	UNDERLYING CONDITION lost,	sidiling line	(C)			
	200.1					
Z	OTHER SIGNIFICANT CONDITIONS C					
ATIO	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING !					
ERTIFIC,		DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218	PLACE OF INITION (!-	YES	NO (II in Boltim	ore City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		e, form, foctory, street, off	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(ii in politific	ore only, give exect locations
ğ		(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)		le At Nat While			
		Wor		11179	68	(0)
	22. I certify that (1) (this haspita)) attended th	ne deceased from UC	/ 1/	19 10	EB 2 19 00.
	that (1) (we) last sow the decease and haur and from the couses stat	/	Feb. 2		of in (my) (our)	pinian death accurred an the date
	23A. SIGNATURE	en apove.	("e) (ala) (ala nat) vi	iew the body after death.		23B, DATE SIGNED
	(V	11,5	M.D. Atte	nding Med.	Stoff 🖂	
	Dengamen Jeclan	a mi	Phys	Director	Stoff Phys.	Feb 2, 1968
	23C. PHYSICIAN'S NAME Type		[2	3D. ADDRESS		
	BEWAMIN LECHA	VER	M.D.	JOHNST HOPK I	S HOSPITA	L
244	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY of CRE	MATORY 24D. L	OCATION	City, tawn, ar county) (State)
0	REMATION 2-5-68	3 CE	TENMATTAM	D/	TTTMAPT	MD
	A. DATE REC'D BY HEALTH DEPT.	258. NAME O	REENMOUNT OF REGISTRAR	25C. FUNERAL DIRECTOR	LTIMORE	ADDRESS.
	EEB 5 1968 (?)	Pre. B &	Janke MA			0.4905 YORK RD.
1	150-REV. 1/1/65	-		7-011 0 0 111111111111111111111111111111	~ DOMB 0	0.4/0) Total 10.



REG. NO.

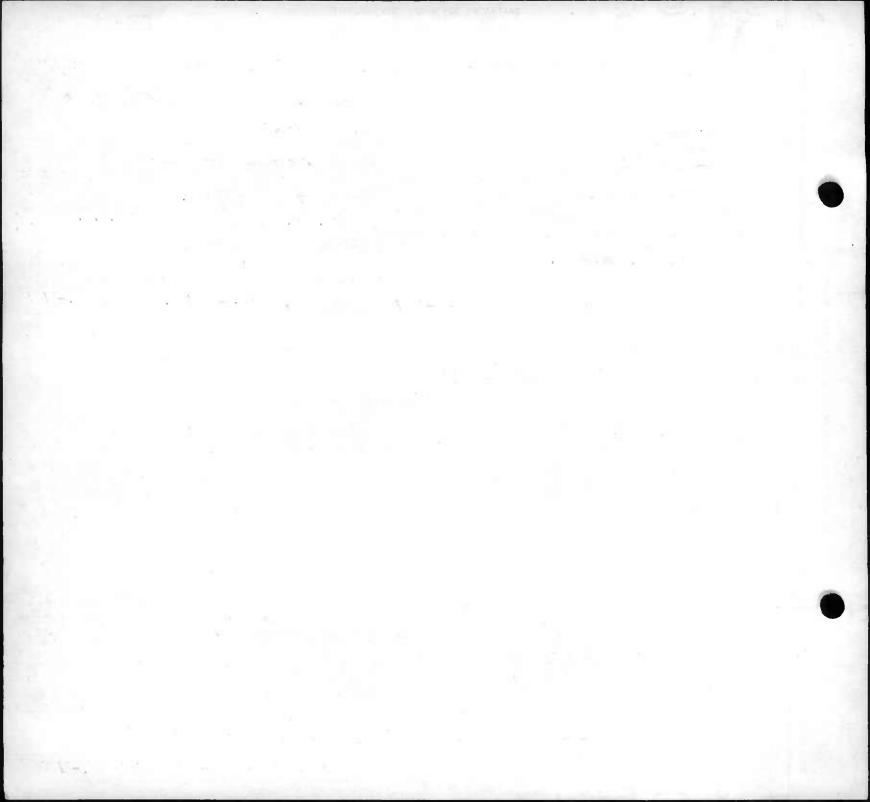
68- 1403

		BIRTH NO.	
	on on Si	1. NAME OF DECEASED (Type or Print)	TA
	G 0 0 5	3. PLACE IN BALTIMORE, MARYL	AND, V
	d in a hospity ng cause of cause; (5) De attendance ior to death	FULL NAME OF (IF NOT IN ADDRESS OF INSTITUTION	
	atte	UNION MEMOR	IAL
	occurre ontributi ermined regular eased pi is made.	5. SEX 6. RACE	
	or contribution to the contribution regulation is ma	Female W	
	red	IOA. USUAL OCCUPATION (Give kin	
	dende	done during most of working life, even if SALES	retired)
	if death ect or c 4) Undet was in the dec	13. FATHER'S NAME	
—	is assistant if death occurred if the direct or contribution any kind; (4) Undetermined ed death was in regular idance on the deceased pro- or final disposition is made.	To	olas
IMPORTANT	istant he di kind; death ce on nal di	15. Was Deceased Ever in U. S. Ar (Yes, no or unknown) (If yes, give wa	med Fo
E	or his assisted Also, if the e of any kindounced dead attendance meter attendance med or final	No	
Ö	any any ced ndar	18. 4493 Y	
AP	> 0 0 0	DISEASE OR CONDITI	
=	Also, re of almounce attendation	(This does not mean the m	nade at
ä	xaminer or his as aminer. Also, if A fracture of any who pronounced regular attenda	heart failure, asthenia, etc. It injury ar camplication which	
ō	examiner. examiner. (3) A fractu n who pro in regular s are emba	ANTECEDENT C	
5	examin () A fro who n regu	DISEASES OR CONDITION	IS, if
FUNERAL DIRECTOR:		rise to the abave caus UNDERLYING CONDITION	
0	y the chief medical e ital by a medical es e; (2) Body burns; (3) there the physician No physician was in before the remains c	2418 11	
AL	f medical medical y burns; physici ian was e remai	Z	NS CO
R	y by	DISEASE OR CONDITION GIVEN	
Ž	chiefy a m Body the p tysicia		AS PER
J.	y the chital by e; (2) B there there there there before	OP CONTRIBUTING CALLE	LYING[
	by the pital brine; (2) where No ph	A DEATH (notify medical examine	
	spi ure (S)	21D-TIME (Month) (Doy) OF INJURY	(Yeor)
	ho ho ho din ((APPROX.)	
	to the hospital to the hospital of any nature; (all except when hi); and (6) No be obtained be(22. I certify that (1) (this h	ospita
	of a of a (all (be che);	that (1) (we) lost sow the d	leceos
	0700+-	ond hour ond from the caus	es sto
	ease dent dent nospi dea mus	23A. SIGNATURE	0
	a to to	Stravet &	ny
	at at cov	23C. PHYSICIAN'S NAME (Type)	0
	y was rely y was rely 1) An acci).A. at a b d prior to	DR. SARAVUT	SRII
	This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospit deceased prior to deattwritten approval must	REMOVAL (Specify)	-AIE
	nis cert ne body nows: (as D.C ecease	Burial 2-	5-6
	This the show was dece	14ED 0 190	8

BIRTH NO.			CERTIFIC	ATE OF D	EATH	_		
I. NAME OF D	DECEASED	A 14				D HOUR OF DEAT	H	
(Type or Print)	ALVIVI)	SEIM,	ALVINIA K	ATHERINE	-	2-2-	1968	12:40 AM
3. PLACE IN E	BALTIMORE, MARYLAND, W	HERE PRONO				re deceased lived. If	institution:	residence before odmission)
	05 45 1107 111 11068			MARYL		7	7 .	man ()
FULL NAME	ADDRESS OR LOC	AL OR INSTIT ATION)	TUTION, GIVE STREET	C. CITY OR TOV		In	ISIDE CITY I	COTIANTS 2
INSTITUTION				BALTIN	4	D. H.	YES V	_
CINION	V MEMORIAL	HOSPIT	AL	E. STREET AND	, , ,		163	J NO L
0101				ALCHORI	C - C	7 3048	GUIL	FRO AVE
5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIR	TH	9. AGE (In years		or 1 Yr. If Under 24 Hrs.
Femal	W	WIDOWED		10-15	-91	lost birthdoy	Months	Doys Hours Min.
	CCUPATION (Give kind of wor	108 KIND O	F BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or fore	gn country)	12. CIT	ZEN OF WHAT COUNTRY
	t of working life, even if retired)	RAW	c 01/	Ma				VICA
SALE 13. FATHER'S		BAK	ERY	I NOTHERUS	AAAIDEN ALAA	ME	0	USA
13. PAINER'S	NAME /	0		14. MOTHER'S	· H		2	
	folia	e Te	im	6	as he	rine 1	CPP	
15. Wos Deceo	sed Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17- INFORMANT	1			ADDRESS
1/0	ovin in your give wor or don	0, 30,11,00,	916-05-185	LA paltent	trauss	beardown	[Ha	Hard Garden)
1B. /	13 V I		CAUSE OF DE	ATH	6	-		APPROXIMATE INTERVAL
Tols	EASE OR CONDITION DI	DECTLY						BETWEEN ONSET AND DEATH
013	LEADING TO DEATH	RECILI		21	1 24	1000		1 - 1 - 100
	s nal mean the made of			AS A CONSEQUENCE	E OF:			
	ire, asthenia, etc. It means camplication which caused		,	7.5 7. 001.32 9021.01				
111017 01	ANTECEDENT CAUSES		041	-, with a	. to me	em. Idema		
			(-/	AS A CONSEQUENCE	1			
	OR CONDITIONS, if the abave cause (A)			AS A CONSEQUENC	CE OF:		Ì	
	ING CONDITION last.	ording inc	(c)	11 mac		**********		*******************
- 241.	X II		-					
O OTHER SIG	INIFICANT CONDITIONS CO							
	EATH BUT NOT RELATED TO T OR CONDITION GIVEN IN PAR							
U 19A. DATE	OF OPERATION 198, CON	DITION FOR	WHICH OPERATION	20 A. AUTOP	SY? (Yes or No	208. IF YES, WER	E FINDING	CONSIDERED
19A. DATE	WAS FER	POKIVIED		No		III CERIFFIIIO C	AUSES OF	DEATH:
OF CONT	IDENT WAS UNDERLYING		B. PLACE OF INJURY (e.			(If In Boltim	ore City, gi	ve exoct locotian)
₹ DEATH (no	otify medical examiner	etc		, onice biage, into	OCCOR.			
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21 E. H	LNI DID WO	URY OCCUR?		
S OF INJURY				Vhile —				
(APPROX.)		W	ork L At W	ork 🔲		(
22. I cert	ify that (1) (this hospita	l) attended	the deceased fram	2-2		19 65 to		2-21968
that (1)_(v	we) lost sow the decease	d alive an.	2	-2 T9 68	ond th	at in (my) (our) a	pinian dec	ath occurred an the date
ond hour	ond from the causes sto	ted obove. ((I) (We) (did) (did no) view the body o	fter death.	-		
23A. SIGNA							23 B. DA	TE SIGNED
0	1 4 6 0.1	1 2	M.D	Attending No.	Ned.	Staff Phys.	7.	-2-68/
23C. PHYSI	CLANES STY	The state of the	GE GREE	23D. ADDRESS	Pirector 🗀	Phys.		
NAMI	E (Type)	0		23D. ADDRESS				
DR.	SARAVUT SRIF				IION ME	EMORIAL H	OSPIT	AL
24A. BURIAL C	CREMATION, 248. DATE		AME of CEMETERY of		24D. L	OCATION	(City, town,	or county) (Stote)
Burial		3 9	t. Pauls L	thenen	Re	altimore		Md.
	CID BY HEALTH DERT.		OF REGISTRAR		AL DIRECTOR	T PTHIOT.6		ADDRESS
1	CD 9 1200	Les &	C. Jankey MA				a liar	5 York Rd.
			,	TIT O AA O O C	CTTTTTT	~ POITP O	~ 04/	/ TOTA III.

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		0.0	1.40		HEALTH DEPARTMENT		00 4404
- 107		68	- 140	4 CERTIFICA	TE OF DEATH	REG. NO	68- 1404
	TH NO.	EASED				D HOUR OF DEATH	
	e or Print)	MOORI	E PAI	il L'	In. 2/	2/1968	7.40 PM
3. [PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COUN		titution: residence before odmissi
	LL NAME OF			JTION, GIVE STREET	MARYLAND		2
INS	JTHERA	ADDRESS OR LOC.	A IION)		BALTIMORE	. Dens	YES NO
H	O SPITA	LOP			E. STREET AND NUMBER		. //
_	ARYLA				East Hoffma	71 350	2401
5. S	MALE	WHITE .	7- MARRIED	NEVER MARRIED DIVORCED		9. AGE (In years lost birthdoy) 53 YRS	If Under 1 Yr. Hours Min.
		JPATION (Give kind of work working life, even if retired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or force	gn countryt	12. CITIZEN OF WHAT COUNT
			Yel	Low (ab Compas	ry Dallo. I'll.		
13.	FATHER'S NA	fluer			14. MOTHER'S MAIDEN NAM	ΛE	
	Paul	L. Moore Sr.			Unknown		
		Ever in U. S, Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes	MOII		219-03-1441	Murtle B. No	ore -2401 E	· Hoffman St212
	1B. // / ^	9 1		CAUSE OF DEAT			APPROXIMATE INTERVA
	DISEAS	E OR CONDITION DE	RECTLY			-	BETWEEN ONSET AND DE
		LEADING TO DEATH			USE Acule Mye	cardial in	Develor
	(This does n	ot mean the made af	dving, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:		
	heart failure,	osthenio, etc. It meons	s the disease,	DUE 10, OR AS	A CONSEQUENCE OF:		
	injuly of cam	plication which caused	d death.)	0			
	4	ANTECEDENT CAUSES	5	(B) due	to cosonary	the soul	0343
	DISEASES C	OR CONDITIONS, if	any, giving	DUE TO, OR A	A CONSEQUENCE OF:		
		abave cause (A) CONDITION last.	stoting the	is due &	to olberoseless	he easdio	rasculardisease
	UNDERLING	5 CONDITION last.		(C)			
7	420.1	11					
0		ICANT CONDITIONS CO					
ATI	DISEASE OR C	ONDITION GIVEN IN PA	RT 1 (A).		100 A	N 008 15 W	
TIFIC	19A.DATE OF	OPERATION 198. CON WAS PER	REPORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
CER	21 A. ACCIDE	T WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Baltimo	re City, give exact location)
AL.		TING CAUSE OF medical examiner	hom etc.		office bldg., INJURY OCCUR?	-	
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY	(IVIONIII) (DOY) (TEO)		ile At Not Wh		-	
-	(APPROX.)		Wo	rk At Work			
	22. I certify	that (this haspita	il) attended t	he deceased fram.	2/1/68	19ta	2/2/68 19
					2 10 1.1	-> :- () ()	inian death accurred an the
		Jast saw the deceas		(at in (SHEYZ (aur) ap	inian death accurred an the
	and have and	from the causes sta	ited abave. ((qiq) (qiq au)	view the bady after death.		
	23A. SIGNATU	IRE L	-0				23B, DATE SIGNED
		10/1/2	· ·	MD. At	ending Med. ps. Director	Staff Phys.	2-2-68
	23 C. PHYSICIA	N'S		DEGREE	23D. ADDRESS	_	
	NAME (T		· Jos	HI M.D		URTON S	T, BALTIMORE
24/	BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF C		OCATION (C	City, town, or county) (State
		1 0 / /	8 0	ardens of Fai	th Cemeteru	Baltimore,	Mryland
25	Buria	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
2 JF	- DATE REC'D	"D & 4000 4	ZJB. HANE	a fine a			Belair Rd21200
	Tak	PO B IADA (1. Va 5	E starbertie	Joint C. Illu	er incom	1 Demili Nu 21200
VS	150-REV. 1/1/	6B					



spital and of death

a hospital

(4) Undetermined cause: (5) Deceased

or contributing cause

direct

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Also, of

examiner.

medical

the body was released to the hospital by a

approved

This certificate must be

any nature;

accident

D.O.A.

shows: Was deceased prio

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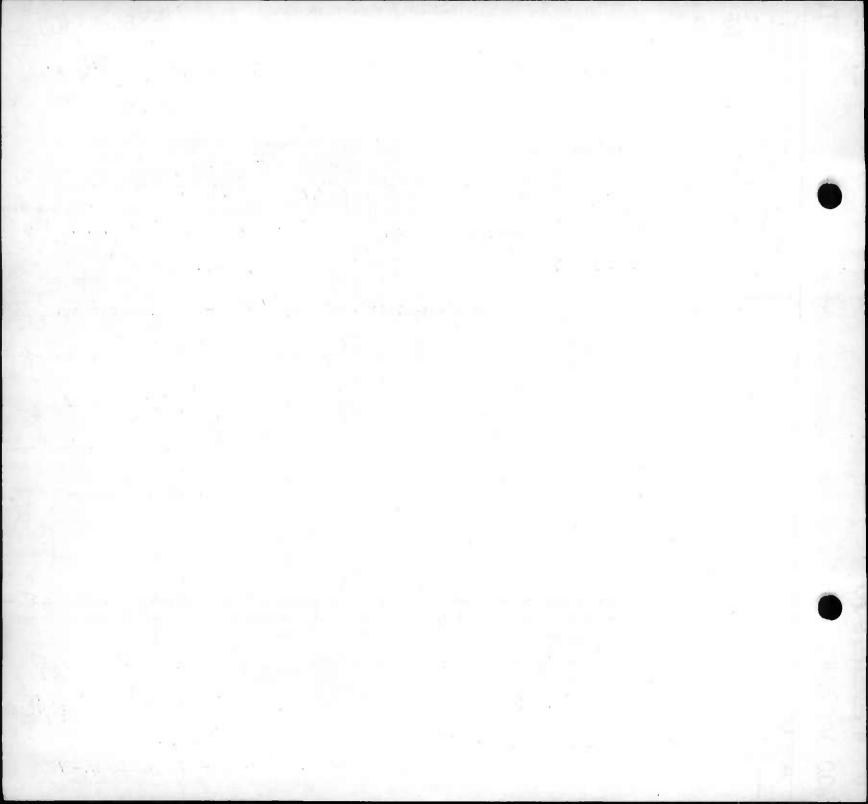
occurred in

attendance

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at a hospital (except where the physician who pronounced death was in regular attendance on the rior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such roval must be obtained before the remains are embalmed or final disposition is made.	BIRT 1, N (Typ
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o dec	3. F FUI HO
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d p	5. 5
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the sposit	13.
at a hospital (except where the physician who pronounced death was in regular attendance on the rior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such roval must be obtained before the remains are embalmed or final disposition is made.	15. Y
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No p	MEDICAL CERTIFICATION
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH TH NO 2. DATE AND HOUR OF DEATH AME OF DECEASED e or Print) Andrew Diffendall 4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY institution: residence befare admission) PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maruland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN MINISTRE CITY LIMITS YES A NO 4207 Glenmore Avenue E. STREET AND NUMBER Glenmore Avenue 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. · MARRIED NEVER MARRIED Hours June 1, 1892 WID OWED X DIVORCED USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore, Nd. U.S.A. 1001 (rib Dept. of Education FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Diffendall Margaret A. Burke ADDRESS Was Deceased Ever in U. S. Armed Farces' 16. SOCIAL 17. INFORMANT , no or unknown) (If yes, give wor or dates of service) SECURITY NO. 0 Bessie Pau 215-03-5839 18₹. RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE O heart foilure, osthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the obove cause (A) stoling the UNDERLYING CONDITION lost, 311 Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes ar Na) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exoct location) home, form, foctory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH Inatify medical examined 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased fram and that in (my) (our) opinion death accurred on the date that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did not) view the body after death. 23B. DATE SIGNE 23A. SIGNATURE Attending [Med. Staff Director Phys. 28 CTPHYSICIAN'S 23 D. ADDRESS NAME (Type) written appro onrad L. 24A, BURIAL CREMATION, 24B, DATE REMOVAL (Specify)

Olivet (emetery HEALTH, DERT 25A. DATE REC'D' BY 258. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR John (. Miller Inc-6415 Belair Rd. -21206 VS 150-REV. 1/1/68

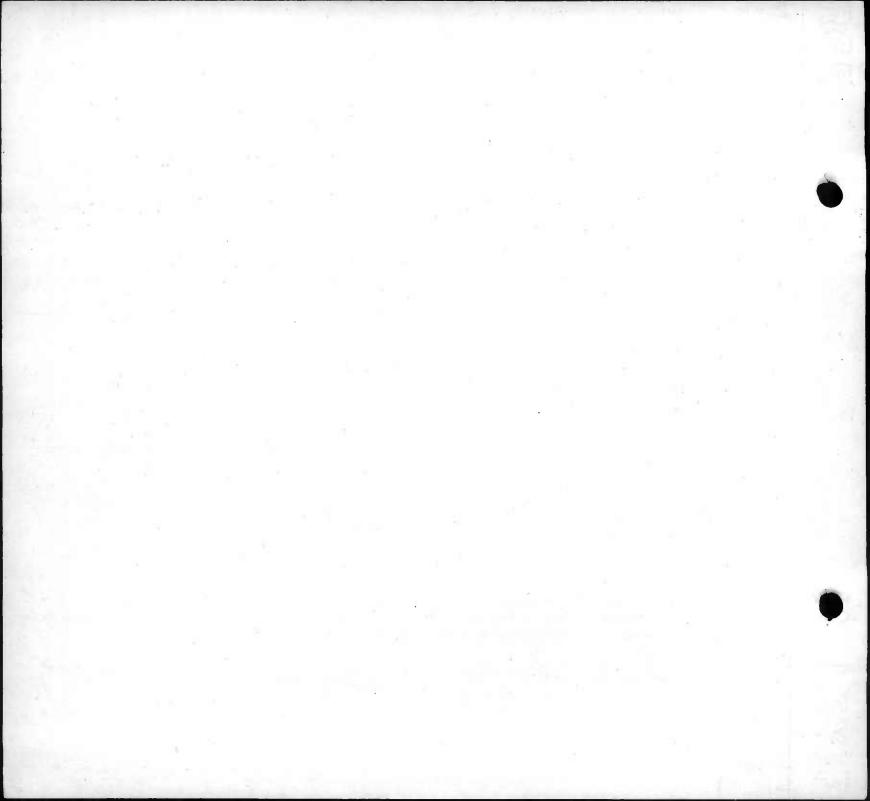


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT 1406 CEDTIFICATE OF DEATH

REC	G. NO	68-	1406
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BIRTH NO.		CERTIFICA	TE OF DEAT		
(Type or Print)	EASED	5-110	2, DA1	E AND HOUR OF DEATH	025
2 DI ACE IN BAI	TAROPE MARYIAND W	SOLLA THERE PRONOUNCED DEAD	14 USUAL RESIDENCE	Where deceased lived. If institu	tion: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN B. STREET AND NUMB	AND D. INSIDE	CITY LIMITS?
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. , If Under 24 Hrs.
MALE	PAUL	WIDOWED DIVORCED	4-05-93	last birthdoy) 74	onths Doys Hours Min.
		10B. KIND OF BUSINESS OR INDUSTRY	, , , ,	r foreign country) 1:	2. CITIZEN OF WHAT COUNTR
dane during most of	working life, even if retired)		SPA	(A)	U.S.A.
13. FATHER'S NA	ME -4.5. 6	307.	14. MOTHER'S MAIDEN	INAME	
Δ	5 1/A		11.41	KNOWN	
5. Was Decease	Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	/~/0000	ADDRESS
	(If yes, give wor or dote		FORM	. Applission	
No 18. 24 1	0	4/1-22-0307 CAUSE OF DEAT	,	. диноние	APPROXIMATE INTERVAL
1 / /	SE OR CONDITION DI	BECTI V			BETWEEN ONSET AND DEATI
UNDERLYIN 420 OTHER SIGNI	e abave cause (A) G CONDITION last. II FICANT CONDITIONS CO	(C)			
		IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE FINE	DINGS CONSIDERED
EN NO	NC WAS PER	FORMED	No	IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medical exemined	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE D ffice bldg., INJURY OCCL	ID (If in Baltimore Ci	ty, give exact lacotion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DII	D INJURY OCCUR?	
OF INJURY		While At Not Whi	le		
22. 1 certify	that Withis hospita	I) ottended the deceosed from	2-1	19 6 8 to 2	-2 19 68
		ed olive an 2-2	19 6 F o	nd that in (my) 🙈 opinia	n deoth occurred on the de
		ted obove. (I) (did) (but at)			
23A. SIGNAT		000			B, DATE SIGNED
	2.5. 1.	litil DEGREE Phy	ending Med.	S taff Phys	2-2-68
23C. PHYSICI	Larle E.	Delin DEGREE	MARYLA		
24A. BURHAL CR		24C. NAME of CEMETERY OF CR	EMATORY 2	4D. LOCATION (City,	town, or county) (State)
Buria		8 Meadownidge		Wash Rlud Ma	
25A. DATE REC'I	BY HEALTH DEPT.	8 Meadowridge 25B. NAME OF REGISTRAR	25C. FUNERAL DIRE	Wash Blvd, Md	ADDRESS
	ED # 1968 (black E. Frederick	Clustin	6. Donovan -	38/8/Tolamoflive



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	66-	1407	BALTIMORE CITY HE	ALTH DEPAR	RTMENT				
	MED	ICAL !	EXAMINER'S (CERTIFIC	CATE OF	DEAT	H PEG NOF	38-	1407
BIRTH NO.							REG. NO.	-	F-110-4
1. NAME OF DECE	ASED			2. DATE	Known	Month	Doy	Yeor	Ноиг
THOMAS	י די		DECEMBADO	OF	Estimoted 🛣	Febru	ary 1, 1	1968	11.10 B
	H. IMORE, MARYLAND, V	WILLIE BOOK	DEGENHARD	3. DATE	Estimoted A			Yeor	11:10 PM
					INCED DEAD	Month	Doy	Teor	nour
FULL NAME OF HOSPITAL	ADDRESS OR LOCA		ITION, GIVE STREET	- KONO	NICED DEAD	Februa	ry 2, 19	968	12:04 PM
OR INSTITUTION	ADDINESS ON LOCA			5. USUAL RI	SIDENCE (Where				
47				A. STATE			B. COUNTY		,
○ ○ 826 W.	35th St.			Ma	ryland				
6. SEX	7. RACE	8. MARRIET	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
1			_		4 . 4		17		- FEE
male	white	WIDOWED			ltimore		V	ES X	NO
9. DATE OF BIRTH	10. AGE (I lost birthdo	n yeors II	Under 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER		1		
0/77/00	2	78		82	6 W. 35th	Ctron	-		,
11 BOTHEL ACECS	ate or foreign country)	10	CITIZEN OF	13. FATHER	S NAME	Stree	<u></u>		
II, BIKITIFLACE (SIG	die or foreign country)	12	WHAT COUNTRY?	IS. FATHER	3 MAME				
Ma	rvland		II.S.	Geo	rge H. 1	Degen	nard		
14A.USUAL OCCUP.	ATION (Give kind of work	14B. KIND O	U.S.	15. MOTHE	S'S MAIDEN NA	ME	10.2 0		
done during most of wo	orking life, even it retired)								
Retired	Watchman	Balm	ar Corp	Mol	lie L. (Gray			
16. WAS DECEASED	D EVER IN U.S. ARMEI	D FORCES?	17. SOCIAL SECURITY NO.	18. INFORA	MANT		A	DDRESS	
1	(If yes, give wor or dotes	of service)							
no	no		213106737		I. Turn	bull.	130 N	i nwo	od Ave
19.410	9		CAUSE OF DEA	TH					PROXIMATE INTERVAL
	OR CONDITION DIRE	CILY	Arteri	Losclere	otic Card	iovasci	ilar Dis	sease	
	EADING TO DEATH		(A)IMMEDIATE (AUSE		201450	THE DEC	,cust	
(this does not	t meon the mode of dy osthenio, etc. It meons the	ying, e.g.,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
injury or comp	plication which coused de	oth.)							
DISEASES OF RISE TO THE UNDERLYING OTHER SIGNII TO THE DEAT	TECEDENT CAUSES R CONDITIONS, IF AN ABOVE CAUSE (A) STA G CONDITION LAST. II FICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN P	ONTRIBUTIN	(c)	AS A CONSEC	QUENCE OF:				
20A. DATE OF		1 '	R WHICH OPERATION W	AS PERFORM	FD			21. AUTO	PSY? (Yes or No)
8									,
10									No
	IAL CAUSE WAS	22	B. PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimo	re City, give exc	oct locotion)	
UNDERLYING	OR CONTRIB-	ho	me, form, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?				
	ISE OF DEATH.								
OF INJURY	Month) (Doy) (Yeo	r) (Hour)	22E. INJURY OCCURRED	2	2F. HOW DID IN	IJURY OCC	JR?		
(APPROX.)			WHILE AT NOT	WHILE ORK					
23.		m.	WORK AT W	YORK					
			. 1777						
I certif	ty that I held on	nquiry 🔲	Inspection XX Au	topsy 🔲	ond that on t	this basis,	deoth in my	opinion	
resulte	ed from: Natural cau	uses X	Accident Suicio	de Ho	micide 🗌	Undetermi	ned monner		
					CHIEF MEDICAL				
ACTUAL	11111	1 (- N						DATE SIGNED
SIGNATU	RE/ 11/Sul	n	M.D	ASSI	STANT MEDICAL	EXAMINER	XX		
EXAMINE	200				CIATE MEDICAL	EXAMINED		2	2/2/68
NAME (Ty	werner	J. Spit	ZV M.D.	ASSC	CIAIL MEDICAL	LAAMINEER			., _,
24A. BURIAL CREM			24C. NAME of CEMETERY	CDEMATO	DV Jaro	LOCATION	(C'1. 1-	D 00 county	1 (61-1-1
REMOVAL (Specify		127	246. INAME OF CEMETERY	ar CKEMAIC	24D.	LOCATION	(City, town	n, or county) (Stote)
-	- 11	110					7		
Buri		/68	Baltimore		E	North	Ave.l	/Id	
25A. DATE REC'D B	Y HEALTH DEPT."	25B. NAA	ME OF REGISTRAR	25C	UNERAL DIRECT	OR	A	DDRESS	
	ED & INCO	00	A C In land		ustin &	5. Wan	ovan.	38188	Poland Cove
	1300	1/2000	D GALLOND			_			

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2 0000.	
5665	BIRTH NO.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital an the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc written approval must be obtained before the remains are embalmed or final disposition is made.

CP_	1408	BALTIMORE CITY HEALTH DEPARTMENT
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REO NO.		TXOO

BIRTH NO.	CATE OF DEATH
1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
JONES, JAMES OLIMER SR.	FEBRUARY 02, 1968 7:05A M. [14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FISTH AGUES HOSTEN TA HTAL OR INSTITUTION, GIVE STREET	MARYLAND 21229 Baltimore
HASTIGKENS AND RECATOR AND REVENUE	C. CITY OR TOWN D. (NSIDE CITY LIMITS?
BALTIMORE MARYLAND 21229	BAXXXXXXX Arbutus YESX NO
10	E. STREET AND NUMBER
70	1047-4 MAIDEN CHOICE LANE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
MALE WHITE WIDOWED DIVORCED	03/11/92 75
IDA. USUAL OCCUPATION (Give kind of work) 10 B, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
POLICE MAN POLICE DEPT	MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES JONES	Emma (Unknown)
	17. INFORMANT ADDRESS
Nos Deceosed Ever in U. S. Armed Forces? (Yas no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	
212-32-979	
18. CAUSE OF I	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ECAUSE CARCINOMA.
(A)IMMEDIAT	ECAUSE CARCINOMA.
heart failure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:
injury ar camplication which coused death.)	and allering due to
ANTECEDENT CAUSES (B)	eural effusion due to
DISEASES OR CONDITIONS, if any, giving DUE TO, C	DR AS A CONSEQUENCE OF: MALIN YN +100
UNDERLYING CONDITION last. (C)	
_ /63X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1.0
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
218, ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY	(e.g., in or obout 21 C. WHERE DtD (If In Boltimare City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, stre	eet, office bldg, NJURY OCCUR?
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not	
(APPROX.) While At Not Not At	Work
22. I certify that XI) (this haspital) attended the deceased from	JAN 18 19 68 to FEB 02 1968
that (1) (we) last saw the deceased alive on FEB	02 19 68 and that In(My) (aur) apinian death accurred an the date
and haur and fram the causes stated above. () (We) (did) (d)	
23A, SIGNATURE	23 B, DATE SIGNED
1 my If	Attending Med. Staff 7 7-/ S
DEGREE	Discount Dis
23C-PHYSICIAN'S NAME (Type)	
	ST AGNES HOSPITAL WILKENS & CATON AVE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 2-6-1968 Loudon Park C	emetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 0 1968 (1) Lee & E. tarbuja	Howard H. Hubbard, 4107 Wilkens Ave. 21229
VS 150-REV, 1/1/6B	AA

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(4) Undetermined cause; (5)

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na.___ BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LAWSON, MADELFINE P. **FEBRUARY 1, 1968** 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased tived, If institution: lesidence before admission)
A. STATE
B. COUNTY MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If autside city limits, write RURAL and give township) MEMORIAL HOSPITA JENKINS ST. AGNES HOSPITAL D. STREET ADDRESS Caton Avenue disposition is mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yi. If Under 24 Hrs. 9. AGE (In veors WIDOWED, DIVORCED (specify) lost birthdoy Hours 0-09-82 FEMALE WHITE IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of warking life, even if retired) MARYLAND Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PHILLIP PANTEL 5. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS final (Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO. ST. AGNES HOSPITAL RECORDS NONE 10 INTERVAL BETWEEN ONSET AND DEATH Cheute Quenia DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.a., heart failure, astheria, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving la the above cause (A) stating the the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Hec Quencas Ca. before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. FLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, farm, foctory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact facation) DEATH (natify medical examined MEDIC obtained (Month) (Day) (Year) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Wark Work JANUARY 28 68, FEBRUARY 22. I certify that (1) (this haspital) attended the deceased from 19 68 FEBRUARY that (I) (we) last saw the deceased alive an..... ond that in (my) (our) apinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director Stoff 2-1-68 approvai 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type CATON AND 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY (City, lawn, ar county) REMOVAL (Specify) Baltimore County, Maryland 2-5-68 Woodlawn Cemetery 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/65

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T. LARGE LITTING DEMINEST DESCRIPT LITTING AVE.

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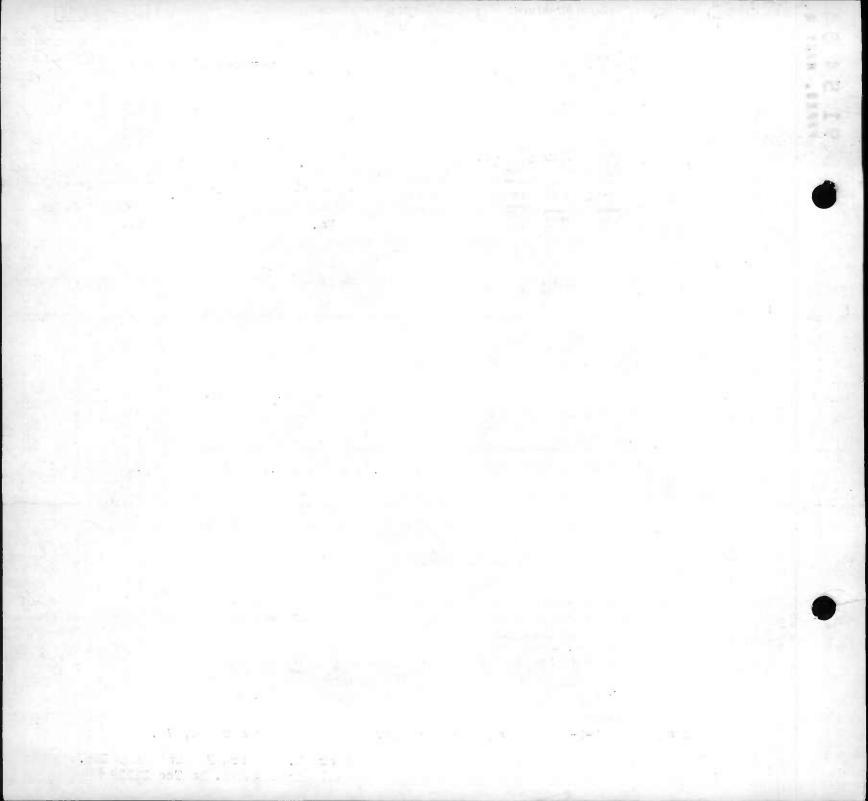
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PARKS.

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00	1.3.1.0

D. 1 - 68 - 1410	BALTIMORE CITY HEALTH	DEPARTMENT	68- 1410
7620	CERTIFICATE O	F DEATH REG. NO.	00 4.1.1.0
1. NAME OF DECEASED (Type or Print) MARY R. PARK	3	2. DATE AND HOUR OF DEAT	H. 168 120 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD 4. USUA	L RESIDENCE (Where deceased lived, If	institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	orn, orne orneer	RYTAND OR TOWN D. II	NSIDE CITY LIMITS?
10/1		BALTIMORE	YES V NO
Johns Hopkins Has	prtal E. STRE	S N. Luzerne Avenue	5R- 1411
Female White WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED WORKING OF WORKING OF BUILDING WORKING WORKING OF BUILDING WORKING WORKIN	IAEAEK WAKKIED	9. AGE (In years lost birthdoy) 76 yrs	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired) Housewife		IPLACE (State or foreign country) Va.	USA
13. FATHER'S NAME	14. MOT	HER'S MAIDEN NAME	
CARTER, CORTLEY		PARKS, LIZA JANE	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	S. SOCIAL SECURITY NO.	RMANT	ADDRESS
118. 7 4 7 7 1	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	_		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAUSE	abetic Ketoacido	sis 8 hrs.
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	DUE TO, OR AS A CONSE	·V	
injury or camplication which caused deeth.)		-1-6- 11 4.	.6
ANTECEDENT CAUSES	(8)	iabefes mellitu	5/
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSI	QUENCE OF:	
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(c)		
260X II	10 1 (1 (1 1	1 1 2 10 1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Multiplec	eveloral yesc. acci	gents 34rs-10 day
JOSEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 B. CONDITION FOR WHI			
WAS PERFORMED	ICH OFERATION	AUTOPAT (Yes or No) 20B, IF YES, WEI	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examiner)	ACE OF INJURY (e.g., in or obout form, foctory, street, office bldg.,	21C. WHERE DID (If in Boltin INJURY OCCUR?	nore City, give exact location)
	IJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While Work	At Not While At Work		
22. I certify that (I) (this hospital) attended the		6/ 1968 10	2/4 1968
that (i) (we) lost sow the deceosed alive on	1.1	& and that in (my) (our)	
ond hour and from the couses stated above. (1) (
23A. SIGNATURE	(ald) (ald lib) view the	body offer deoffic	23 B. DATE /SIGNED
1 1. Mura In haw M	Attending Phys.	Med. Staff Phys.	2/4/68
23C. PHYSICIAN'S NAME (Type)	OEGREE 23D. ADD		Man 1 Int
NAME (Type) DAVID T SHAU	2, MD 50	hns Hopkins 1	YOSPITA!
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	LE OF CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or county) (State)
II PEACOVAL (Specify)	Rock Cemetery	Flatridge,	Va.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 125C.	ard H. Hubbard Funer	al Home Theress
1968 Of Cut 2.		07 Wilkens Ave. BalT	



	00	2 4 3	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1411
	00	- 141	CERTIFICA	TE OF DEATH	REG. NO.	00- 1411
BIRTH NO.			CLKTITICA	TE OF BEATTI		
1. NAME OF DEC	CEASED			2. DATE ANI	D HOUR OF DEATH	
(Type or Print)	CARL GI	B SON		2-	202-08	5: 35A M
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COUNT	TY . A	tion: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN	D. MISTOE	QT LIMITS
36 FRAN	KLIN SQUA	HE H	10SP1 70L	E. STREET AND NUMBER	D FREDE	
5 254	14 22 25					, , ,
5. SEX	W	WIDOWED		8-9-96	ost birthdoy) M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)		Their	11. BIRTHPLACE (Stote or foreign	gn country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	A E	
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX Sam	uel Gibson	XXXXXXXXXXX	Margaret Addi	son
(Yes, no or unknown	d Ever in U. S. Armed Force (If yes, give wor or dote:	es? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT FRANKLIN	(DUMIS	ADDRESS ADSPITAC
Yes	WWI		CAUSE OF DEAT		040.1100	APPROXIMATE INTERVAL
160	SE OR CONDITION DIR	ECTLY			- 0 4 4	BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH	ECILI			15-14-10-T	
	nat mean the made of asthenio, etc. II means		(A) IMMEDIATE CAL	A CONSEQUENCE OF:		(001
	mplication which coused		= ME ()	4STASIB		1 250 1
	ANTECEDENT CAUSES		CHF	ASOUD) YEARS
DISEASES	OR CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	e abave cause (A) G CONDITION last.	stoting the	(c) Ane	er uno uites		c. Luks
11 2 Y	- 11		(3,			
O OTHER SIGNI	FICANT CONDITIONS COL					
	.TH BUT NOT RELATED TO TH CONDITION GIVEN IN PART					
19A. DATE O	F OPERATION 198. CON	ORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B. hom etc.	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exoct locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		Wh Wo	ile At Not Whi	le 🔲		
22. I certify	y that (1) (this hospital	attended t	he deceased from	-26 1	968 to 2-	2 1968
) last saw the decease		7 - 7	0 0		n death accurred on the date
and haur an	nd from the causes stat	ed abave. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNAT	URE		4.0		23	B. DATE SIGNED
	Bullen E	· 5/41.	ac Megree Atte		S taff Phys.	2-2-68
NAME (AN'S	V.	LUNA PLA	1 FRANCLIN	Savaro	HESDITAL
24A. BURIAL CRI	EMATION, 24B. DATE (Specify)		AME of CEMETERY OF CR		CATION (City, t	lown, or county) (State)
Burial	2-6-196	8 Bal	timore Nation	1	altimore, Mar	yland
25A. DATE REC'E	B 5 1968 A	25B. NAME C	OF REGISTRAR	2SC. FUNERAL DIRECTOR Howard H. Hubb	erd, 4107 Wil	ADDRESS Lkens Ave. 21229
V\$ 150-REV. 1/1/	/6B					

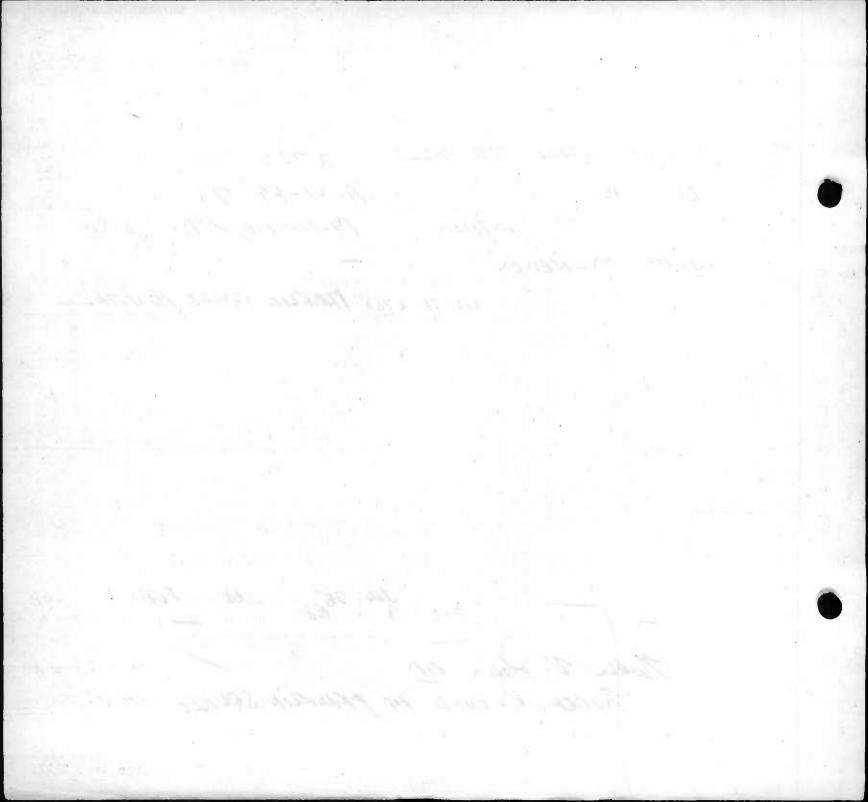
The state of the s TOWN & SHOW AS METAST # 516 CHF 45000 * THEOLOGY FOR

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

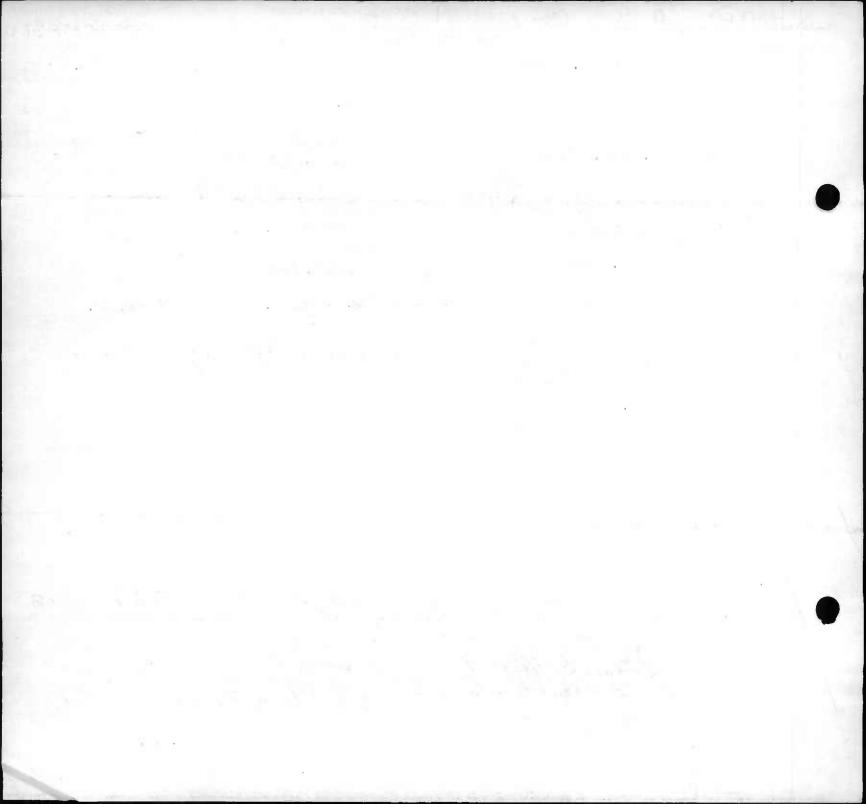
	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 68- 1412 CERTIFICATE OF DEATH REG. NO. 68- 1412
	1, NAME OF DECEASED , NICHOLIS DISTORTED 12, DATE AND HOUR OF DEATH
	(Type or Print) New holds introduction 1-30-68 1 A. M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE 8. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
4	Muth Charles Heneral Hosp. Bellimore JES 19 401
ė	1632 South abre St.
mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months; Doys Hours; Min.
is n	MULO WILL WIDOWED DIVORCED OF BOUNTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)
siti	Self Employees / elmens Ber Gleece - U. S. A.
disposition	Marie A D D D D D D D D D D D D D D D D D D
dis	75. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT / ADDRESS
final	15. Was Deceased Ever in U. S, Armed Forces? (Yes, nd ar unknown) (If yes, give wor or dotes af service) No 16. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS ADDRESS
or fi	18. CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
H	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) AS A CONSEQUENCE OF
balmed	heart loilure, asthenia, etc. It means the disease, injury or camplication which caused death.)
e m	ANTECEDENT CAUSES Chronic Chourell nephritis
e	DISEASES OR CONDITIONS, if ony, giving (8) DUE TO, OR AS A CONSEQUENCE OF:
S	rise to the obove couse (A) stating the UNDERLYING CONDITION tast. (C).
<u>=</u>	592X II
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL 4 DISEASE OR CONDITION GIVEN IN PART (A). 2 19A, AUTOPSY2 (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, diffice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation)
bel	DEATH (notify medical examiner)
eq	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ained	(APPROX.) While At Work Not While At Work
obt	22. I certify that (1) (this haspital) attended the deceased fram 1-22- 1968 to 1-30-1968
pe	that (I) (we) last saw the deceased alive an
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
must	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shoff a
٦	23C. PHYSICIAN'S 23C. PHYSICIAN'S 23D. ADDRESS
approval	SERMAN DE LA TORRE North Charles General Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 2/2/68 Greek Orthodox Cemetery Baltimore, Md.
written	25A. DATE REC'D BY HEALTH DEPT! 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Funeral Home Entern Ove

- 7051- d Linguist Turned Bu Hussen. m. C. H. Al. Check

CO_ 4 A	BALTIMORE CITY	HEALTH DEPARTMENT		68 141	3		
68- 14	CERTIFICA	TE OF DEATH	REG. NO.				
I, NAME OF DECEASED (Type or Print) (Type or Print)			D HOUR OF DEATH	3-689: 35	PA		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP		4. USUAL RESIDENCE (When	e deceosed lived. If ins		nission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	TITUTION, GIVE STREET	C. CITY OR TOWN BALTIM		DE SHY LIMITS?	100		
FRANKLIN SQUARE 10	650,702	E. STREET AND NUMBER	THIRD	57. 21	125		
5. SEX 6. RACE 7. MARRII WIDOW	ED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years lost birthday)	II Under 1 Yr. If Under Months Doys Hours	24 Hrs. Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore)	gn country) MD1	12. CITIZEN OF WHAT CO	UNTRY?		
13. FATHER'S NAME SOAN F. MCKEWER		14. MOTHER'S MAIDEN NAM	ХE				
15. Was Deceased Ever in U. S. Armed Forces? (Yes. no or unknown) (II yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 213-28-676	17. INFORMANT	SQUARE K	ADDRESS SPITAL			
1B.	CAUSE OF DEAT	H ,		APPROXIMATE INT			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONITIS		36 h	4			
(This daes not mean the made of dying, e.g., heart failure, astheria, etc. It means the disease, injury or camplicolian which coused death.)							
ANTECEDENT CAUSES PERPORATED DUO DENAL VICER 30 kg.							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
rise to the above cause (A) stating to UNDERLYING CONDITION last.	(c) #A 11/1	CATING CON	ASCVD	SEV. YI	RS.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN.	G		7 4 33	T (4. %)			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	R WHICH OPERATION	20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED	*****		
WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?			
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	e City, give exoct locotion)			
21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
(A PPROX.)	While At Work Not While At Work						
22. I certify that (I) (this haspital) attended the deceased from JAN 1968 to 1968.							
that (1) (we) lost sow the deceased alive on Feb. 3 19 65 and that in (my) (our) opinion death occurred on the date							
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE.							
Markon 11. A	11 19 1 10	nding Med.	Staff		8		
23C. PHYSICIAN'S NAME (Type): PHYSICIAN'S	1 TERREE Phy	23D. ADDRESS	SOUMA-	HOSPITA	1		
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (Cit	ly, town, or county)	Stote)		
REMOVAL (Specify) Burial 2/7/68	Loudon Park	Ba	ltimore, Man	ryland			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	-10	ADDRESS	20.5		
FEB 5 1968 (R.C.)	E. Jankey MA	M'Cully F.	237 Pat	tapsco Ave. 21	225		
VS 150-REV. 1/1/6B							



N	E. CASE NO. NAME OF DECEASED		ATE OF DEATH Registered	FATH		
	pe or Print) Bond A. Ro	оор	February 1,			
3.	PLACE OF DEATH IN BALTIMORE, MAR	1	4. USUAL RESIDENCE (Where deceased live			
FULL NAME OF (If not in hospital or institution, give street		Md.				
	HOSPITAL DR oddress or locotion INSTITUTION			write DORAL and give township)		
10	DD		D. STREET ADDRESS (If rurol, give location	700		
1513 E. 33nd. Street		1513 E. 33rd Street				
	sex 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH August 9, 1897	s If Under 1 Yr. If Under Months Doys Hours		
	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
don	(hauffeur		Carroll Co. Md.	USA		
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAME			
	Franklin P. Roop		Ida S. Bond			
15. (Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If wes, nive war or dates	es? 16. SOCIAL	17. INFORMANT	ADDRESS		
	es, no or unknown) (If yes, give wor or dotes)	212-07-7510	Mrs. Reatha A. Roop L	Baltimore, Md.		
	18. 6 2 1 I	CAUSE	OF DEATH	INTERVAL BETWE		
	DISEASE OR CONDITION DIR	ECTLY	e D ha D			
	(This does not mean the mode of	dying, e.g., DUE TD	ancer of left lung	- lyear		
	heort failure, asthenia, etc. II meons	the disease,	,			
	ANTECEDENT CAUSES (8)					
	DISEASES OR CONDITIONS, if					
	rise to the above couse (A) UNDERLYING CONDITION lost.	stating the (C)				
	163/					
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
∢	DISEASE OR CONDITION CAUSING TO	r	120A AHTORSY? (Yes as Noll 20R JE VEC	WERE FINDINGS CONSIDERED		
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C			WERE FINDINGS CONSIDERED G CAUSES OF DEATH?			
ш			oltimore City, give exact location)			
11	DEATH (notify medical examiner)	etc.)	onice oragi, INJURT OCCUR!			
A	21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?			
EDIC	(APPROX.)	While At Not Wh				
U	22. I certify that (I) (this hospital) attended the deceased from Nov. 23 1966 to Feb / 1965					
EDIC	The restrict that (1) (this hospital)		2 1960 and that in (mu) (au	c) apinion death accurred an		
EDIC		d olive on Jan 1	ond that in (my)			
EDIC	that (I) (we) last saw the decease and haur and from the causes state					
EDIC	and hour and from the causes state 23A. SIGNATURE	ed above. (1) (We) (dtd) (did not)	view the body after death.	23B. DATE SIGNED		
EDIC	and hour and from the causes state 23A. SIGNATURE	ed above. (1) (We) (dtd) (did nat)	ttending Med. Stoff Phys.	23B. DATE SIGNED		
EDIC	that (1) (we) last saw the decease and haur and from the causes stat	ed above. (1) (We) (dtd) (did nat)	view the body after death.	23B. DATE SIGNED Feb. 1, 1968		
MEDIC	that (I) (we) last saw the decease and hour and from the causes state 23A. SIGNATURE Constitution B. (23C. PHYSICIAN'S NAME (Type) ABRAILAM A. BURIAL CREMATION, 24B. DATE	M.D. A PHORWITZ M.D. A PHORWITZ M.D. 24C. NAME of CEMETERY of C	thending Med. Stoff Phys. 23D. ADDRESS 23D. ADDRESS 25D/ Liberty Rd. REMATORY 24D. LOCATION	Baltimore Ad.		
WEDI V	and hour and from the causes state 23A. SIGNATURE	M.D. App. B. HURWITZ M.D. A.	ttending Med. Stoff. Phys. 23D. ADDRESS 23D. ADDRESS REMATORY 24D. LOCATION	Baltimore Ad.		



K-520

68- 1415 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL BIRTH NO.	EXAMINER'S	CERTIFICA	TE OF DEAT	H REG. NO.	68- 1415
NAME OF DECEASED		2. DATE Kn	own Kl Month	Doy	Yeor Hour
(Type or Print) ///	KING	OF	timoted Februa		968 9:15 P. _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PI		DEATH EST	Month	Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INS		PRONOUNCE	D DEAD .		
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		C HIGHAL BECIDE	February	,	- 10
OK NASHIOHON		A. STATE		ed. It institution: r 3. COUNTY	residence before odmission)
Sinai Hospital (DOA)		Maryla			Dulta Ca
6. SEX 7. RACE B. MARE	RIED NEVER MARRIED	C. CITY OR TOWN	N //	D. INSIDE CITY	/ LIMITS?
Male White WIDOW	VED DIVORCED	Baltin	more	YES	NO D
9. DATE OF BIRTH 10. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND N	NUMBER	,,,,	A 110 L
April 6, 1905 lost birthdoy) 62	Months, Doys, Hours, Min.		Reisterstown	n Road	53-00
11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF	13. FATHER'S NA	1.4 1.4		
Owings Mills, Md.	WHAT COUNTRY?	Sylveste	r V. King		
14A.USUAL OCCUPATION (Give kind of work 14B. KINE	OF BUSINESS OR INDUSTR	A -	4.4 4		
done during most of working life, even interired ont ity hess ompany		Minerva /	Velson		
WAS DECEASED EVED IN ILS APMED FORCE	S? 17. SOCIAL	18. INFORMANT		ADI	DRESS
(Yes, nger unknown) (If yes, give wor or dates of service	218=222-4016	Miss. Doru	othey King	Owings	Mills, Md.
19 / C. / C.	CAUSE OF DEA	TH .			APPROXIMATE INTERVAL
483 X					BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	Acute	Bronchopne CAUSE	umonia		
LEADING TO DEATH (This does not meon the mode of dying, e.g.,	(A)IMMEDIATE	CAUSE	T OF.		
heart failure, asthenia, etc. It means the disease,	DUE TO, OK	AS A CONSEQUENCE	E OF:		
injury or complication which coused death.)					
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, IF ANY, GIVING		AS A CONSEQUENC	CE OF:		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
	(c)				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING				
O THE DEATH BUT NOT RELATED TO THE TERM	MINAL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)		AC DEDECTIVED		T	21. AUTOPSY? (Yes or No)
O S CONDITION	TOR WHICH OFERALION W	AJ PERFORMED			
					Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-	22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	In or obout 22C. We bldg., etc.) INJURY	HERE DID (If in Boltimor OCCUR?	e City, give exoct	location)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hou					
	r) 22E.INJURY OCCURRED	22F. H	OW DID INJURY OCCL	R?	
OF INJURY (APPROX.)		WHILE			
23.	M., WORK AT	TORK D			
I certify that I held an Inquiry	Inspection Au	itapsy X and	d that an this basis,	death in my a	pinian
resulted from: Natural causes X	Accident Suici	de Homicia	de Undetermin	ned manner	
Tessified Home	- Accident		MEDICAL EXAMINER		1
ACTUAL AMA	917-			YX	DATE SIGNED
SIGNATURE (CLEANS)	M.I).	MEDICAL EXAMINER		2/2/68
EXAMINER'S Werner U.	Spirz, M.D.	ASSOCIATE	MEDICAL EXAMINER		L/ 2/00
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	ar CREMATORY	24D. LOCATION	(City, town,	or county) (State)
REMOVAL (Specify)					41.4
Burial 2/5/68	St Thomas (emetery	Owings	Mills, 1	ia.
25A. DATE REC'D BY HEALTH DEPT. 25B. N	NAME OF REGISTRAR		RAL DIRECTOR	AD	DRESS
EED 5 1000 A 0	Fr & Fallenma	1. F.	Eline & Son	1 Reint	erstoun. Md.
EEB 1968 (L.O.	M C. Manay In	0	00000 0000		
VS 151-REV. 1/1/6B					

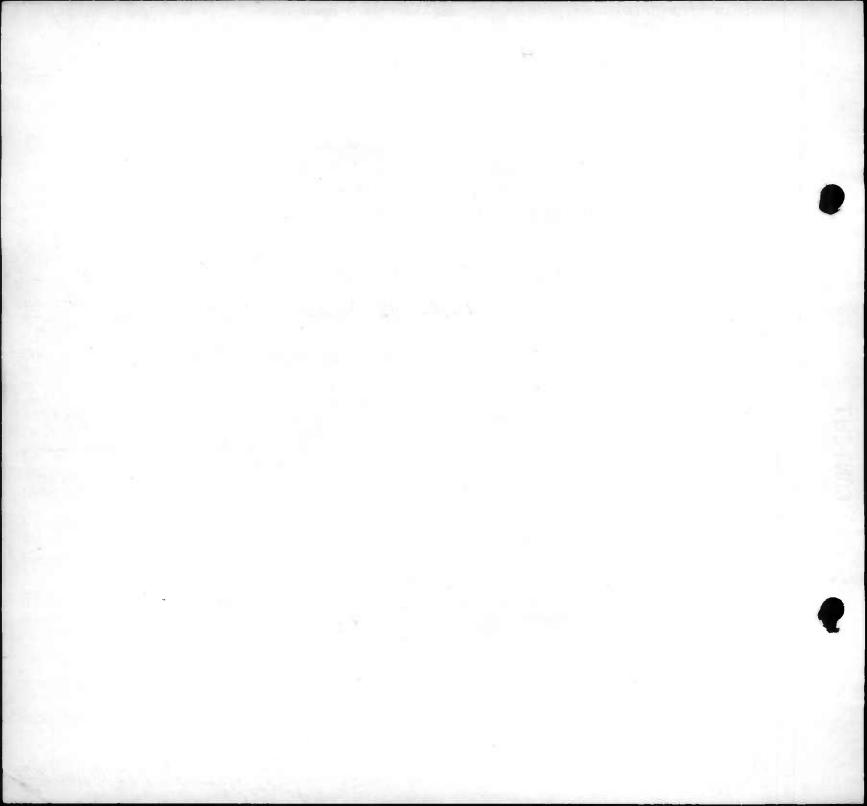
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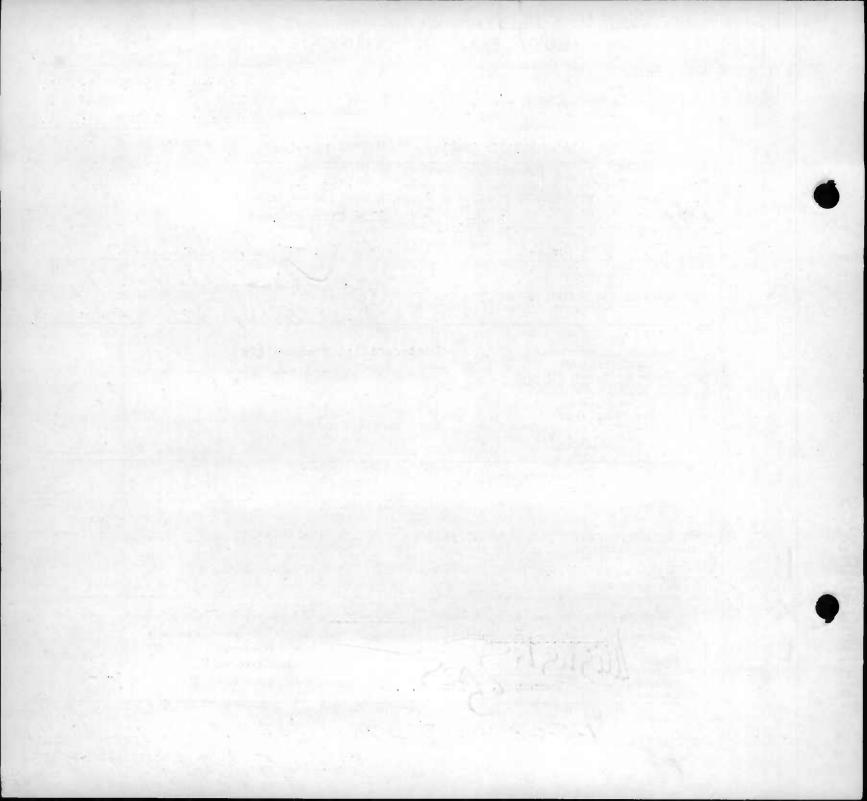
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TAI	he he kind dear dear ce
OR	if the name of the or fi
MP	lso, of a unc tren
-	ono alm
FUNERAL DIRECTOR: IMPORTANT	ract pract gula
ECT	A f A f who
JIR	ins c
ור	dice dice urns ysic wa
ERA	y be physican
Z	chie Bod the the ysic
I	the (2) ere o ph
	by why
	hos nat ept d (6
	the any (exc
2	d to tal tal t be
	dese den den de de de mus
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	An An prior
	dy (3)
	s ce bows: bws: s D.
	the she wa

	68- 1416 BALTIMORE CITY	HEALTH DEPARTMENT ALL, HERBERT 63
Ш.	CERTIFICA	TE OF DEATH REG NO LOCALIDADE
	RTH NO.	2. DATE AND HOUR OF DEATH
	ype or Prinil Propert Hall	12768 - 340 AM
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). A. STATE B. COUNTY Calvert Co., Chesapeake Ba
		100
111	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET IOSPITAL OR ADDRESS OR LOCATION) 4STITUTION	c. CITY OR TOWN D. INSIDE CITY LIMITS?
	University Hospital	Chesapeake Beach YES No
2	38 Mg.	1EB, 54-00
5.	SEX 6. RACE 7. MARKIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 15 If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	Male Negro WIDOWED DIVORCED DIVORCED DIVORCED	Apr. 7,1905 lost birthday) 62 Months Doys Hours Min.
d	one during most of working life, even if relired)	Dalt 71.5.
3	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	7. //	14. MOTHER'S MAIDEN NAME
	anfinow y 214-26-7515	annow
0	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL security NO.	17. INFORMANT THESE BERNICE ADDRESS MY
	yes / 12/21/42 to / 2/4-26-31	- Ullerson Hentenglown
	18. 433 9 1 0/3/43 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SE (meddle Constel thember Quels
	(This does not mean the mode of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:
	hearf lailure, osthenio, etc. It means the diseose, injury ar complication which coused deoth.)	
	ANTECEDENT CAUSES	
	clothic on continuity in any, giving	A CONSEQUENCE OF:
	underlying condition lost. (C)	within presume (week
	332X II	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED STANDARD WAS PERFORMED WAS UNDERLYING	20A- AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i, OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n or obout 21 C. WHERE DID (If in Boltimore City, give exoct location)
	DEATH (notify medical examiner)	
1110	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Not White At Work At Work	
	22. I certify that 🏗 (this haspital) attended the deceased fram	1/17/68 1968 to 1/27/ 1968.
	that (3) (we) last saw the deceased alive an //27	19 68 and that in (nat) (aur) apinian death accurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (did nat) v	
	23A. SIGNATURE	23 B. DATE SIGNED
	Frederich P. Stelle Mi) DEGREE Phy	Inding Med. Shaff Phys. 1/27/68
		23D. ADDRESS
	DEGREE	Onwendy Hosptiel
2	4A BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)
	1-31-68 Paturent Ch	utch and Harrisongloss (de MA.
2	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. UNERAL DIRECTOR ADDRESS MA
	FEB 5 1968 P. O. R. S. J. D. 44	Throng E, Shry Hunding treis
V	S 150-REV. 1/1/6B	

1	BALTIMORE CITY HEALTH DEPARTMENT 68-1417 CEDITIFICATE OF DEATH Registered No. 68-1417
chethd chethd	M.E. CASE NO.
dea dea se de se d	(Type or Print) HELEN H. CONAWAY 2. DATE AND HOUR OF DEATH - JAN. 31, 1968 2:06 Am.
spita of) Dec nce o eath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
da (5.5)	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give ownship)
cau cau use; tend	O PROVIDENT HOSPITAL BALTIMORE 16-00
ting d ca at orio	BALTIMORE, MD, 2330 MOSHER ST.
ntribut rminec egular ased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (in years lost birthday) Months: Days Min,
th o	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTH/LACE (State or (oreign country) 12. CITIZEN OF WHAT COUNTRY?
E. C. D.	Home nurse Ungenea USH
irect (4) U (4) U was the ispos	Thomas Blackwell Fannie Hudnell
stantine di ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
assis if th ny ki od do lance r fin	18. 410,01 CAUSE OF DEATH CANADA DEATH
his of ar of ar of ar tend	DISEASE OR CONDITION DIRECTLY
ono alm	LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
iner ract ract pr	injury ar camplication which caused death.) ANTECEDENT CAUSES (B) ARTERIOSCLEROTIC HEART
xami kami A fr Who reg	DISEASES OR CONDITIONS, if any, giving
alex lex (3) (3) ian s in ins a	rise la lhe abave cause (A) slaling lhe (C) UNDERLYING CONDITION last.
medica medica burns physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. HYPERTENSIVE VASC. DIS, UNKNOWN
a r sody he l sici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by (2) E here t lo phy before	21A. ACCIDENT WAS UNDERLYING 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., injury occur?
ature pt w (6) h	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
こち > × E 草	22. I certify that (I) (this hospital) attended the deceased from
40 to 10 to	that (1) (we) lost saw the deceased alive an
be and be ded	and haur and fram the causes stated above. (+) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
a to the	M.D. Attending Med. Stoff Phys. 1/3//68
	23C. PHYSICIAN'S NAME (Type) D. U. STEWART M.D. 3414 DIVALL AV.
certificate body was vs: (1) An a D.O.A. at assed prior ten approv	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (500)
This cerrithe body shows: (was D.O decease written	Burial 2-3-68 Unhutus Men Jh. Baltimare Mo. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25G FUNEFAL DIRECTOR ADDRESS
This the k show was dece	FEB 5 1968 Robert E. Farker and Williams Schillife 1727M Mountest.
	V\$ 150-REV, 1/1/65



FEB 5 VS 151-REV. 1/1/6B



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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. DAJE, AND HOUR OF DEATH NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARILAND, WHERE PRONOUNCED DEAD B. COUNTY MARYLAND. CITY OF BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? YES W NO THE JOHNS HOPKINS HOSPITAL STREET AND NUMBER S. SEX 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE B. DATE OF BIRTH MARRIED NEVER MARRIED Hours 63 WIDOWEDXX DIVORCED NEGRO 3-3-04 MALE IGA USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or final disposition done duping most of working life, even if retired) JOHN JAMES
15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) MARTHA COOPER 1 6- SOCIAL SECURITY NO. 17. INFORMANT BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. before the remains н OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED NO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) DEATH (notify medical examiner) MEDIC/ obtained 21 D. TIME (Month) (Doy) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 1-15-68 22. I certify that (I) (this haspital) attended the deceased fram... 2-2-68 2-2-68 that (1) (we) last saw the deceased alive an and that in(my) (aur) aplnian death accurred an the date must and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23B. DATE SIGNED Attending [Med. 2-2-68 Shaff Director __ approval 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) FRANCIS J. SCARPA, M.D. DEGREE JOHNS HOPKINS HOSPITAL deceased written ap 24A. BURIAL CREMATION, 24B. DATE (City, town, or county) REMOVAL (Specify) 25A DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR ADDRESS VS 150-REV, 1/1/6B

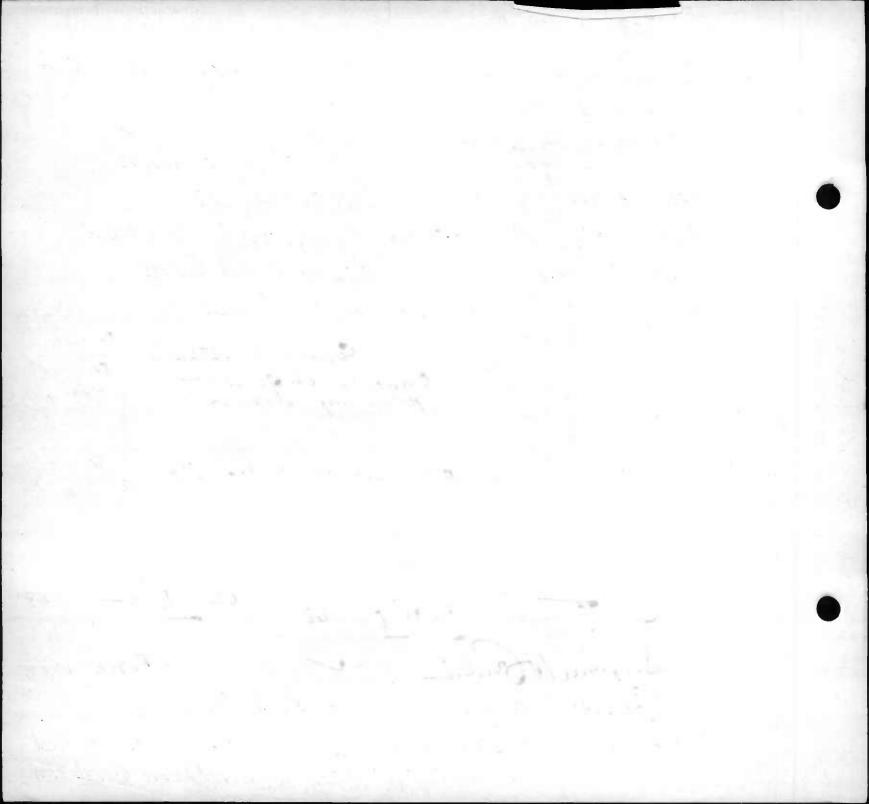
R. L. S. L. bust and pots Gram Negative Seps. 5 Carcinoma of Houses

1 1. hope, 11. 0.

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

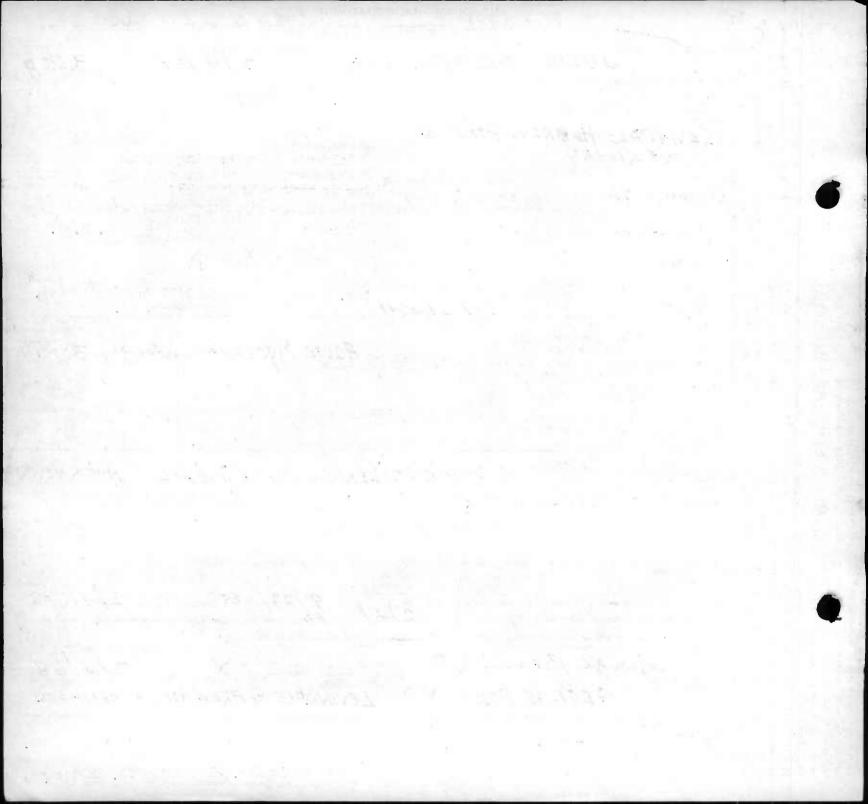
1	1155	BALTIMORE CITY	HEALTH DEPARTMENT	00	4.490
1	68=1	420 CERTIFICA	TE OF DEATH	REG. NO. 68-	1460
11	TH NO. AME OF DECEASED			HOUR OF DEATH	
	e or Print	Pahlon HAI	2 MON Febru	UPVA 2 1968	1 8 A M.
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	deceosed lived. If institution:	residence before odmission)
FU HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY-OR TOWN	D. INSIDE CITY	LIMITS?
	5716 Highgate D	rive	132/fimone	YES L	NO 🗌
1	De Highland		57/6 High	gate Driv	e
5. \$	6. RACE 7. MARR	ED NEVER MARRIED		AGE (In years If Und t birthday) Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
11	USUAL OCCUPATION (Give kind of work 10 B. KINE		Jent 28/890	77	ZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	110	M = /-	/	100
13.	FATHER'S NAME	tal Service	14. MOTHER'S MAIDEN NAME		104
1	lames Hapmon		Mara Ell	ON CROSS	
15. V	Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANA		ADDRESS
	1/0 -	220303156	a Helen Ben	150m 57/6/	tichaste Di
	TB.	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0. 1 0.	1+1	Several
	(This does not mean the mode of dying,	DOL TO, OK MS	A CONSEQUENCE OF:	9 h I huming	Carrell
	heort foilure, asthenio, etc. It meons the dise injury or complication which coused death.)	chno	inic obston	ctive	Weary
H	ANTECEDENT CAUSES	(B) Pulu	wany dise	ase -	72.003
	DISEASES OR CONDITIONS, if any, give	ing .	A CONSEQUENCE OF:		
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	(C)			
	3 2 7. 2. II				Several
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG Buterius	levola cardo	vescus ago	23 487 5
1	DISEASE OR CONDITION GIVEN IN PART 1 (A).	,	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	S CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAUSES OF	DEATH?
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore City, g	ive exoct locotion)
20	21 D. TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
×	OF INJURY (APPROX.)	While At Work Not While At Work			
	22. I certify that (I) (this hospital) attend		19	620 Feb	2- 1968.
	that (I) (Ne) Just sow the deceased alive	F - 1	19 68 and that	in (mv) (oor) op inion de	oth occurred on the dote
	and hour and from the causes stated abov	, [
	23A. SIGNATURE			23 B. D	ATE SIGNED
	Derman 10	TLLCIA DEGREE Ath		off ys. T	35,1968
	23C. PHYSICIAN'S NAME (Type)	1 .	23D. ADDRESS D	11 11 1	1
244	BURIAL CREMATION, 124B. DATE 124	C. NAME of CEMETERY OF CR	5 9/3 /AY/I	HEIGHTS HU	or county) _(Stote)
19	DEMOVAL (Specify) 2-5-68	Drud Dil	D. V	105 11 B-	166 Mil
254	A. DATE REC'D BY HEALTH DEPT. 25B. NA	WE OF REGISTRAR	25 PUNERAL DIRECTOR	1501/16 102/	D ADDRESS
	FEB 5 1968 P. O. R. S	Fall we	> Durger Fun	evel Home.	Belto Mu
VS	1SO-REV. 1/1/6B	134	Hawil Moung	w fr	



11-1	CO A A OA BALTIMORE CITY H	REALTH DEPARTMENT 68- 1421
t1-85	BIRTH NO. 68- 1421 CERTIFICAT	E OF DEATH REG. NO.
and eath ased the Such		
on on one	(Type or Print) JULIE SILBERMAN	N 2/4/68 3.05 A.
the De		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY
se (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md. Baltiore
a had	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION ADDRESS OR LOCATION) INSTITUTION	Baltimore D. INSIDE CITY LIMITS?
in gg g dus tte	LEVINDALE HEBREW Hoffeimore	Baltimore YES & NO
d d c	INFIRMARY.	Belverde & Greenspring Avenue
ibu		DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr.
occu ontri ermi regu	WIDOWED DIVORCED	ug ~, 10/4
上の世上の日	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if refired)	77 - 7/4
or nde s in	Seamstress	Germany U. X/A.
if de rect o (4) Un was the sposit		4. MOTHER'S MAIDEN NAME Minna Goldberg
disp	Heineman	
ind ind al	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	Mrs. Henry Silbermann 3423 Washington Ave.
th th d d d fin	011-24-6541	Baltimore, Md.
if if any ced ced or	18. 410, 9 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
lso, of of of the property of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ACUTE MYOCARDIAL INFARENCE 30 MIN
onor at	(A) MMEDIATE CAUSE (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF:
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×axax Xax Wlw	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the above cause (A) stoting the	CONSEQUENCE OF:
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dic ica rns rns sici	Z 420./	11 7
bed budhy hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ARTERIOSCL TO THE DEATH BUT NOT RELATED TO THE TERMINAL ARTERIOSCL DISEASE OR CONDITION GIVEN IN PART I (A).	EROTIC HEART DISEASE NOT KNOWN
dy dy e p	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ch Bo Bo th th		
(2) (2) ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, office etc.)	or obout 21C. WHERE DID (If in Boltimore City, give exoct location) te bldg, NJURY OCCUR?
N N P	DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
bed loss pt (6)	₩ OF INJURY While At Not While	
ove e h cce nd nd	Work L At Work	9/23/1065 10 2/4/1068
th an (e)	22. I certify that (4) (this haspital) attended the deceased fram that (6) (we) last saw the deceased alive an 2/4/	19 8 and that in (pay) (aur) apinian death accurred an the da
of of of th)	and haur and from the causes stated above. (#) (We) (did) (did vi)	
sed to ust b	23A, SIGNATURE	23B, DATE SIGNED
lea lea lea lea lea lea lea lea lea lea	Glorge Beren h. D. Attend	ling Med. Stoff No. 2/4/68
acci acci a t br to	GEGREE!	D. ADDRESS
An An price	GEORGE BERCU, 11.P.	LEVINDALE HEBREW HOME & INFIRMARY
ertificated was set (1) An a. O.A. a. seed prints an appre	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	AATORY 24D. LOCATION (City, town, or county) (Stote)
ws: ws: D.C	Burial 2-5-68. Shaarei, Cemetery	Rosedale Baltimore Md.
his ho ho ri	25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
サポージョン	1900 ATTORY C' MONKOLINE	Jack Lewis Inc. 2100 Eutaw Pl. Baltimore,

ADDRESS Jack Lewis Inc. 2100 Eutaw Pl. Baltimore, M

VS 150-REV. 1/1/68



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BIRTH NO.

I, NAME OF DECEASED

(5) Deceased death

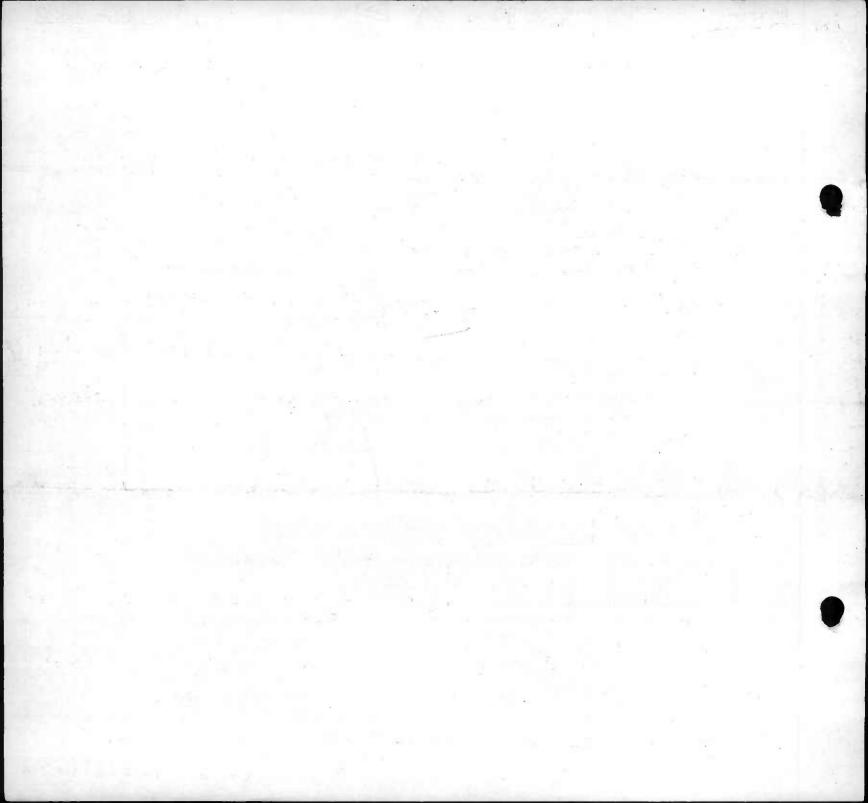
hospital

68- 1422 BALTIMORE CITY CERTIFICA	TE OF DEATH REG NO. 68- 1422
y Maszaynska	2. DATE AND HOUR OF DEATH 2-3-68 8
IN HOSPITAL OR INSTITUTION, GIVE STREET SS OR LOCATION)	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 392 BOX CW. King AVE.
7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 1-4-97 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
e kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
MASCZYNSKA	14. MOTHER'S MAIDEN NAME - Amelia
Armed Forces? wor or dotes of service) 16. SOCIAL SECURITY NO. 213-36-7548	17. INFORMANT Chart. N-CH. G. H. Same
CAUSE OF DEATH	APPROXIMATE INTERVAL

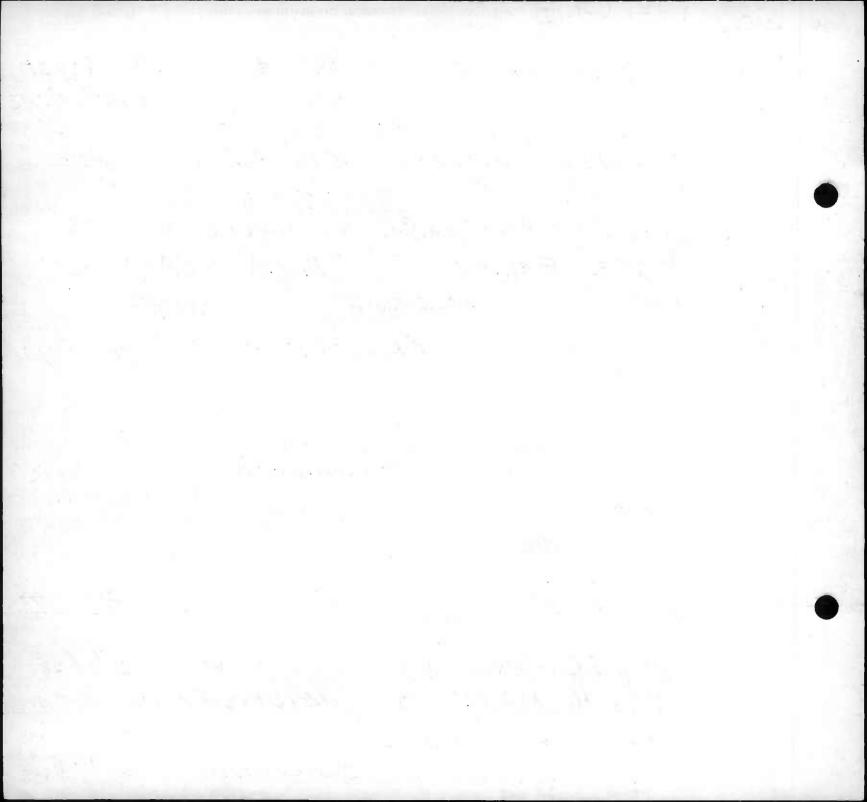
(Type or Print) 3. PLACE IN BALTIMORE, MA FULL NAME OF (IF NOT HOSPITAL OR ADDRE or final disposition is made 5. SEX 6. RACE IOA, USUAL OCCUPATION (GIV done during most of working life, ex 13. FATHER 15. Was Deceased Ever in (Yes, no or unknown) (II yes, give DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the diseose, injury ar camplication which caused deoth.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving the obave cause (A) UNDERLYING CONDITION last, the remains 01, ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED obtained before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Baltimore City, give exact location) MEDICAL DEATH (notily medical examine 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from 68 that (I) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date be and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGN ATURE 23B. DATE SIGNED Attending [Staff approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 2 24A, BURIAL CREMATION, 124B. (City, town, or county) REMOVAL (Specily) written ROSERY CEMETERY 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/68

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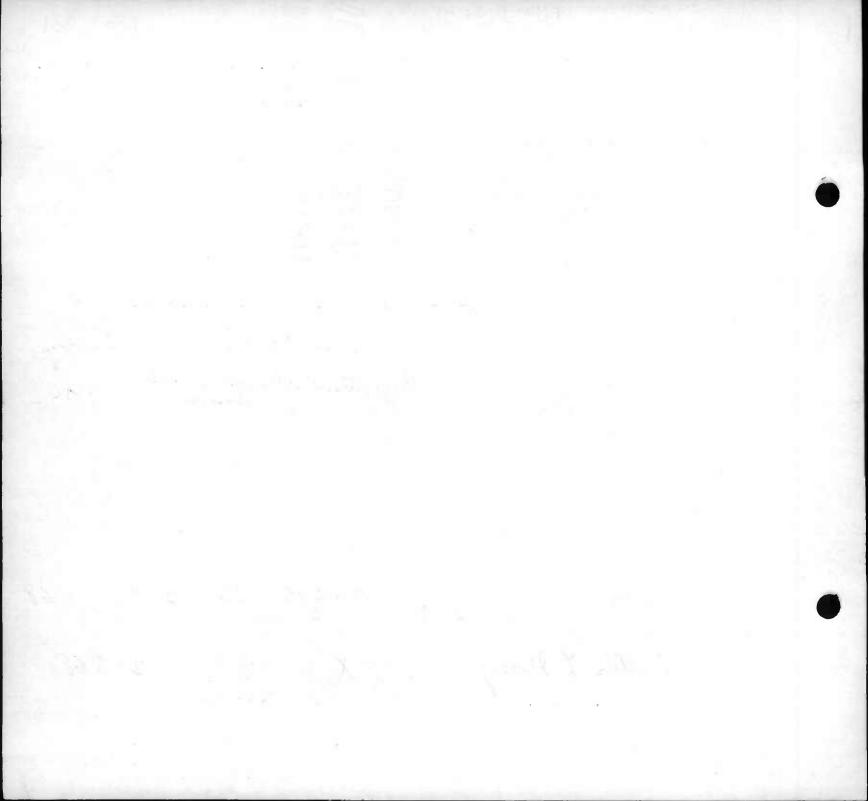


Į	68- 142	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1423
	00 142	CERTIFICA	TE OF DEATH	REG NO.	7.370
1	BIRTH NO.	CERTIFICA			
	(Type or Print)	EMKEY	2. DATE AND	HOUR OF DEATH	61700
	3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (Where	deceased lived. If institution	on residence before odmission)
	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONO	UNCED DEAD	A. STATE B. COUNTY		2 4
١	FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	UTION, GIVE STREET,	MD.	#31 8	SALTIMORE
	INSTITUTION ADDRESS OF LOCATION	1 1/2 - 40	C. CITY OR TOWN	D. INSIDE CI	
+	OLLNIVERSITY OF 140	HOSPILA	KUY DALC	YES	□ NO □
1	LOMBPED & GO	eeghe	E. STREET AND NUMBER	Ise wick	. Ave
	S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years If U	Inder 1 Yr. , If Under 24 Hrs. oths: Days : Hours : Min.
	M WIDOWED	DIVORCED	10/9/1895	77	
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working life even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE ystate or foreign	country) 12.	CITIZEN OF WHAT COUNTRY?
	retired ? Allied	Chem. Co.	BALTIMO	RE, MD	US
	13. FATHER'S NAME	ь.	14. MOTHER'S MAIDEN NAME		1110
1	Peter EMKE	2/	NUNA	UAN	KER
١	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iffigies, give war or dates of service)		17. INFORMANT	1.0	ADDRESS
	(tres, no or unknown) (tryes, give wor or doles of service)	215-10-536	14	10776	2
	118. / / 2 /	CAUSE OF DEATH	1	00 9	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	2 0		1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	BRO	NCHOGENIC	CARCIA	NA /us
1	(This does not meon the mode of dying, e.g.,		CONSEQUENCE OF:		
	heart failure, asthenia, etc. 11 means the disease, injury ar complication which caused death.)				
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		~~ ~
	rise to the obove cause (A) stating the				
	UNDERLYING CONDITION last.	(C)			
	Z /6 2. / II	m	1111	4	1.1
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	pro	emminer	7	1 W/C
		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		10	IN CERTIFYING CAUSES	OF DEATH?
	1 U 121 A. ACCIDENT WAS UNDERLYING 1 218	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Baltimore City	, give exact lacation)
	▼ DEATH (notify medical examiner)	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?		
	0	INJURY OCCURRED	21F. HOW DID INJUI	PY OCCUR?	
	S OF INJURY	ile At Not While		TOCCOR.	
1	(APPROX.)				11/16
	22. I certify that (1) (this hospital) attended t	he deceosed from	2//19	Col to	4/1/1966.
	that (1) (we) lost saw the deceased alive an	2//	19 <i>&&</i> and that	in (my) our opinion	deoth occurred an the date
	and haur and fram the causes stoted abave. (I) (Me) (did) (did nat) vi	iew the bady ofter death.		
	23A. SIGNATURE			23 B.	DATE SIGNED
	Man 10. ma		- di	off DD	A / . / . /
		CLM ALD After	nding Med. St Director Pt	ys.	A ////28
	23C. PATSICIAN'S	UM MOEDRE Phys	Director Ph	raff nys.	4/1/68
	23C. PATSICIAN'S	UM MOEDRE Phys	23D. ADDRESS	esitu k	4/1/68
	John W. MAU	(N) MDEGREE	UAD (UEA	esity A	4/1/68 45/2/TAL vn, or county) (Stole)
	JOHN W. MAU	MOEBER Phys	MATORY 24D. LOG	ESTY A	4/1/68 45/7/TAL wn, or county) (Stote)
	24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify) BURIAL 2/5/68 M	MOEBER Phys (N) MDEGREE AME OF CEMETERY OF CRE T. CARMEL	MATORY 24D. LOG	esity A	P.
	24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME (MOEBER Phys (N) MDEGREE AME OF CEMETERY OF CRE T. CARMEL	MATORY 24D. LOC	ESTY A EATION / (City, to) ALTO, M	P. ADDRESS 300
	24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify) BURIAL 2/5/68 M	MOEBER Phys (N) MDEGREE AME OF CEMETERY OF CRE T. CARMEL	MATORY 24D. LOG	ESTY A EATION / (City, to) ALTO, M	P. ADDRESS 300



00		2	2	1	
ì	ath occurred in a hospital and	determined cause; (5) Deceased	in regular attendance on the	leceased prior to death. Such	ion is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

			- 142	CEKI	ITICA		DEATH			120	3 - 1424
BIRTH NO. 1. NAME OF Type or Print		ANNA	MARIE M				2. DATE	AND HOUR O		1	10:30 a
3. PLACE IN	BALTIMORE,	MARYLAND, W	HERE PRONOUN	CED DEAD		4. USUAL A. STATE		here deceased		stitution: re	sidence before adm
FULL NAME HOSPITAL O INSTITUTION	R AD	DRESS OR LOCA		ON, GIVE S	STREET	C. CITY OF	Md., 2:	1213	D. INSI	DE CITY LIA	26-0 No [
00	4303	Clarew	lay				AND NUMBER				
. SEX	6. RACE		7- MARRIED	NEVER MA	RRIED	DATE OI		9. AGE (In		If Under	1 Yr. , If Under 2
femal	e wh	ite	WIDOWED		RCED	12/2	2/81	lost birthday)	Manths	Days Haurs A
			108, KIND OF BI			1. BIRTHP	ACE (State or fo		-	12. CITIZ	EN OF WHAT COL
	ost of working lit	e, even if retired)	at home			Per	ina.				
3. FATHER'S			at nome		11		R'S MAIDEN N	I A M F			
		Englert				Moini	unknow				
5. Was Dece les, no or unk	eased Ever in (nown) (If yes,	U. S. Armed Fare give wor or dote	s of service)	6. SOCIAL SECURITY		7. INFORM	ANT				ADDRESS
				7-54-3		Mrs	. Edna	M. Kir	ng, do	ht, a	above
18.	120	1		CAUSE	OF DEATH					1	APPROXIMATE INTER
TDI	ISEASE OR C	ONDITION DIR	ECTLY			1/0	1511	0		В	T AND
	LEADIN	G TO DEATH				THE	1 yray	useion			flurdorp
(This de											
		the made of			TO, OR AS A		ENCE OF:		X		<i>f</i>
heort fai	ilure, asthenio	, etc. II meons	the disease,				ENCE OF:	amila	Ken	t	<i>f</i>
heort fai	ilure, asthenio r complication	, etc. II meons which coused	the disease,				ENCE OF:	vmil-	Ken	t	year
heori fai	ilure, asthenio complication ANTECE	, etc. II meons which coused DENT CAUSES	the disease, deoth.)	(B)	1 / hpe	CONSEQU	is Cordia	varila	Ken	t	year
heort fai	ilure, asthenion complication ANTECE	, etc. II meons which coused DENT CAUSES IDITIONS, if	the disease, deoth.)	(B)		CONSEQU	is Cordia	vmil.	Ren	t	year.
heort fai	ilure, asthenion complication ANTECE	, etc. II meons which coused DENT CAUSES IDITIONS, if cause (A)	the disease, deoth.)	(B)	1 / hpe	CONSEQU	is Cordia	vmil.	Ren	t	year
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NO OTHER SI TO THE DISEASE 19 A. DAT DEATH (A PPROX. 22. I ce that (I)	ANTECE ES OR CON the obave LYING CONE OF OPERAT CIDENT WAS TRIBUTING Inatify medical E (Manth) RY .) rtify that (I) (we) last so	, etc. II meons which coused DENT CAUSES IDITIONS, if a cause (A) pittion lost. II DINDITIONS COID TRELATED TO THE N GIVEN IN PARTION 198. CON WAS PERFUNCE CAUSE OF examiner) (this haspitol with decease	the disease, deoth.) ony, giving stoling the NTRIBUTING HE TERMINAL TO A CONTROL	(B)	TION JURY (e.g., in y, street, offi URRED Not While At Wark from	20A. AU or about 21 ce bldg., IN	UENCE OF: TOPSY? (Yes or C, WHERE DID IJURY OCCUR? F. HOW DID I	NJURY OCCU	in Boltimor	e City, give	nexoct location)
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68	1425

BIRTH NO.	REG. NO.
I. NAME OF DECEASED JOANNE) (Type or Print) JO ANNE LYNN BAKER	2. DATE Knawn Manth Day Year Haur OF Estimated February 3, 1968 1:10 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD February 3, 1968 1:10 A.M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
33 HOPKINS HOSPITAL	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED□ DIVORCED□	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthdoy) 7	E. STREET AND NUMBER 3852 Elmora Avenue
11. BIRTHPLACE(State or fareign caunity) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME William Baker
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of warking life, even if retired) Student School	Bernice Sorrell
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na or unknown) (If yes, give war or dotes of service) SECURITY NO.	William baker, father, above
19. E 8 1 2 . 1 I CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Multip	le Traumatic Injuries
LEADING TO DEATH	
(This daes not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which coused deoth.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
THE STATE OF THE CONTRIBUTIONS CONTRIBUTIONS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
B A PARE OF GLEANION POR WINCH OF EXAMENT	
	Yes
O LINDERLYING TOP CONTRIB	, in or obaut 22C. WHERE DID (If in Baltimare City, give exact lacation) ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	Sinclair Lane and Moravia Road
OF INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 2 2 1968 9:00 M. WHILE AT NO	T WHILE X Passanger in auto-auto collision
23.	utopsy 🗵 and that on this basis, death in my apinion
	de Hamicide Undetermined manner
Accident 5	CHIEF MEDICAL EXAMINER
ACTUAL //// 1.0 1	DATE SIGNED
SIGNATURE THORSE TO THE TOTAL M. D. T.	0.2.60
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State)
REMOVAL (Specify) Burial 2/6/68 Oak Lawn Ce	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR Funeral Home, Inc.
FFB 5 1968 O C 8- 2 7 1 1 1 1 1 1	3331 Brehms Lane
VS 151-REV. 1/1/68	

real 1250 of the real country that the

H-620

68- 1426 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68- 1426

	RTH NO.		
1. (Typ	NAME OF DECEASED (Also Known as Lovetta) or or Print) LOVE MAE HARRIS	2. DATE Known X Month Doy Year Hour G DEATH Estimated February 3, 1968 6:00 I	Р. м
4. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour	- 111
FUL	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION) INSTITUTION	PRONOUNCED DEAD February 3, 1968 6:00 I	M
	0 D 2804 Kentucky Avenue	A. STATE Maryland B. COUNTY	5/
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	1
	Female White WIDOWED DIVORCED	Baltimore YES ⋈ NO □	
	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthdoy) 89 Months; Doys; Hours; Min.		
	/10/10/0	2804 Kentucky Avenue	
11.	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
144	Baltimore, Md.	Daniel E. Shaw	
	Housewife at home	Sarah Jane Rogers	
16. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18 INFORMANT ADDRESS	
	212-07-8687D	Extracta M. Miller, dght, above	
	19. 4 12. 9 1 CAUSE OF DEA	APPROXIMATE INTE BETWEEN ONSET AND	
		osclerotic Cardiovascular Disease	
	LEADING TO DEATH (A)IMMEDIATE (This does not meen the mode of dying, e.g., DUE TO OR	CAUSE	
	heort loilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
7	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
ō	4221 11		_
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
IIĒ	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or	No)
8	DATE OF GLERATION 2007 CONDITION OF WHICH OF EXAMINING	No.	,
	22A. FXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.	the state of the s	
EDIC/		, in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ce bldg., etc.)	
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
		T WHILE	
	23. 1 certify that I held an Inquiry Inspection X A	. I a day district to dis-	
		utapsy and that an this basis, death in my apinian	
	resulted from: Natural causes X Accident Suici	de Hamicide Undetermined manner	
	ACTUAL MOSAS ASSET	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	ED
	SIGNATURE Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 2-4-68	
24	A BURIAL CREMATION, 248. DATE LC. NAME of CEMETER))
	MOVAL (Specify)	Faith Cem. Baltimore, Md.	,
25.	A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS	
	FED 5 1000 DO R. S. Falleyma	Schimunek Funeral Home, Inc.	
L_	1068 () () () () () () () () () ()	3331 Brehms Lane	

and the second s

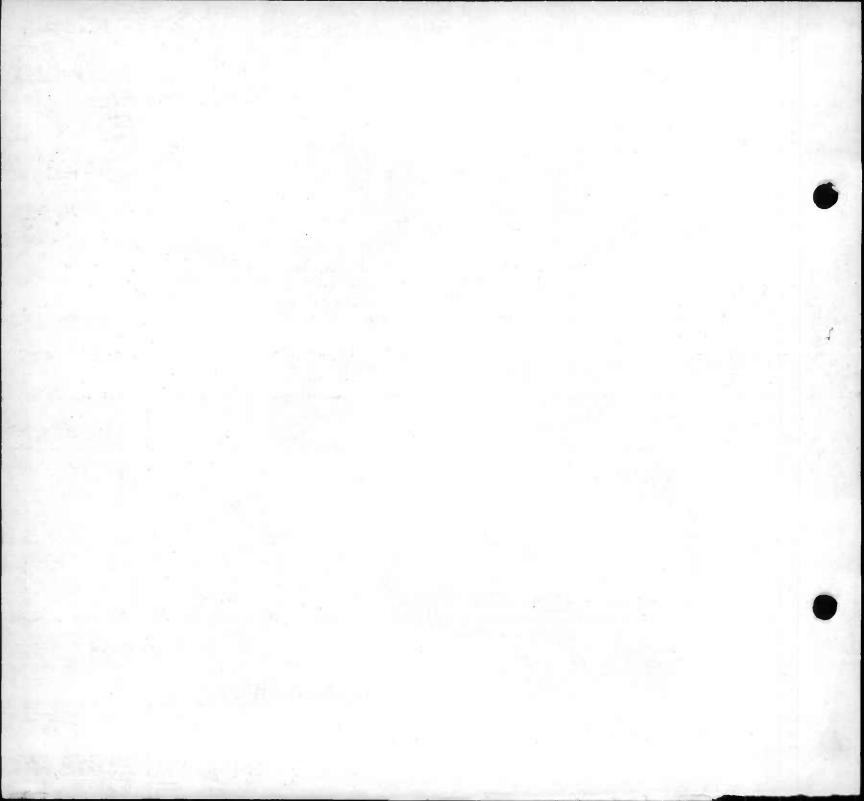
- Sight (2470)

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such a standard of the control of th

	68-142	BALTIMORE CIT	Y HEALTH DEPARTMENT		-544/180
BIRTH NO.	war po 1/4 1/4	CERTIFICA	TE OF DEATH Register	ered Na.	1427
M.E. CASE NO. 1. NAME OF DECEASED	- 11		2. DATE AND HOUR OF		
(Type or Print) WHI 3. PLACE OF DEATH IN BA	Ten, Ell	a	F-06 - 3		8.30 AM
3. PLACE OF DEATH IN BA	LTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. If institution: re	sidence before odmission)
FULL NAME OF (If r	not in hospital or institution, ress or location)	give street	hnary/and		Baltico
INSTITUTION	ress or locolloll)		C. CITY OR TOWN (If outside city limits Bal Timore	its, write RURAL ond	give township)
155/NAI	HO5 D1	TAC	D. STREET ADDRESS (If rurol, give los		05-00
rox			Rockland nou	ed pike.	sville # 8
5. SEX 6. RACE	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In y lost birthdoy) 75	reors If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
/		F BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZ	EN OF
done during most of working life,	even if retired)		King & Queen Co.,		AT COUNTRY?
Domestic 13. FATHERS NAME	Pr	ivate	14. MOTHER'S MAIDEN NAME	10.0	
Unkno					
UNKNO 5. Was Deceased Ever in U.		1 6. SOCIAL	Unknown 17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, gi	ve wor or dotes of service)	SECURITY NO.			
No	1 2023.1	212 32 350	OSA Charles E Whit		and Ave 8
25010 4	NDITION DIRECTLY	110			ONSET AND DEATH
LEADING	TO DEATH		Diabetic Acido	5.2	3 days
(This does not meon heart foilure, asthenia.	the mode of dying, e.g etc. If meons the diseos	DUE TO			
injury at complication	which coused deoth.)	X 3			
	ENT CAUSES	SUE TO			
	ITIONS, if ony, giving couse (A) stoling th		inderes mellir	V2 C	3 years.
UNDERLYING CONDIT	TON lost.	613			
Z 260 X	ONDITIONS CONTRIBUTI	2	Right hip (Intern	ma c(c . 3a)	
OTHER SIGNIFICANT C TO THE DEATH BU DISEASE OR CONDITIO	T NOT RELATED TO Z	H Brach	Rigar Alp (Saller)	o cuminos)	
		WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YE	S, WERE FINDINGS	CONSIDERED
19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS U	Fracture &	lip	No		
OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	AUSE OF		office bldg., INJURY OCCUR?	n Boltimore City, give	
O		home	Rockland no		ville #6
W OF INJURY		E. INJURY OCCURRED /hile At Not Wh	21F. HOW DID INJURY OCCUI	R? EG 11	
(APPROX.) Jan		/hile At Not Wh /ork At Work			
22, I certify that (I) (this haspital) attended	the deceased fram	/ G		- 3 - 19 68
	the deceased alive an			(aur) apinian deat	h accurred on the date
and haur and from the	causes stated above.	(I) (We) (did) (did not)	view the bady after death.	DOD DAY	r cichien
	Saeus		tending Med. Stoff		6-3-67
23C. PHYSICIAN'S	1	Ph	23 D. ADDRESS		
NAME (Type)	nuciseo,	Salny M.D.	Surae stor	· felas 1	ナ・つ
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 24C.1	NAME of CEMETERY OF CI		(City, town, o	
	Feb. 7, 168 S	t. Thomas Co	metery Randall	stown, Mar	yland.
25A. DATE REC'D BY HEALT	168 A D & Q	OF REGISTRAR			10-03
VS 150-REV. 1/1/65	July Collection C	, ACTOONLY	Lewis T Gwynn 270	/ Ruscom	be La. 115/
75 150-RE 7. 1/1/05	20.4				

2 14 92 75 . (. The transfer that the transfer to the transfer Water States of March the first the state of the Francisco Barry from Oderpain " "

11-4110	HEALTH DEPARTMENT
BIRTH NO. 68- 1428 CERTIFICA	TE OF DEATH
I NAME OF DECEMEN	2. DATE AND HOUR OF DEATH
Type or Printy JAMES R. PAUL, JR.	2/3/68 9-P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNT NICE HOUSE
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
011	E. STREET AND NUMBER
8 UNIVERSITY HOSPITAL	2 OAK COURT 52-10
S. SEX MALE 6. RACE 7. MARRIED NEVER MARRIED DIVORCED WIDOWED DIVORCED	8. DATE OF BIRTH 2/22/35 9. AGE (In years last birthday) 32 If Under 1 Yr. If Under 24 Hrs. Months Doys Min.
dend during most of working life, even if reliced). State Hospital MUSSING SUPERIOR (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dend during most of working life, even if reliced). State Hospital	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
JAMES R. PAUL, SR.	ROSE N. FORD
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	Janet Sue Paul ## 4 ADDRESS
18.250.9 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	USE LEREMIA + CHRONIC RENAL 3YRS.
(This does not mean the mode of dying, e.g., (A)IMMEDIATE CA	A CONSEQUENCE OF:
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	DIABETIC NEPHROPATHY
ANTECEDENT CAUSES	ESTIVE HEART FAILURE 6 MOS.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
rise to the obove couse (A) stating the UNDERLYING CONDITION last.	BETES MELLITUS 14 YRS.
260 X II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	IC NEUROPATON
	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, of DEATH (notify medical examiner)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not Whi Not Wark	
22. I certify that (I) (this hospital) attended the deceased from	1/30 1968 to TIME OF DEATH 19.
that (1) (ve) lost sow the deceased alive on 23	19 68 and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. ((We) ((id) (did not)	view the body after deoth.
23A. FIGNATURE	23B. DATE SIGNED
Mallia C. Muneds M. D. Att	ending Med. Shaff Z(3/68
23 C. PHYSICIAN'S NAME (Type)	UNIVERSITY HOSPITAL BALTO MD.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CE Transit- Burial 2-8-68 RICAMON & C	emetery Ewing, (City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1968 Company E. Schwarzen	John M. Laylor + Sono amapolio, Mol.
VS 150-REV, 1/1/6B	0 0

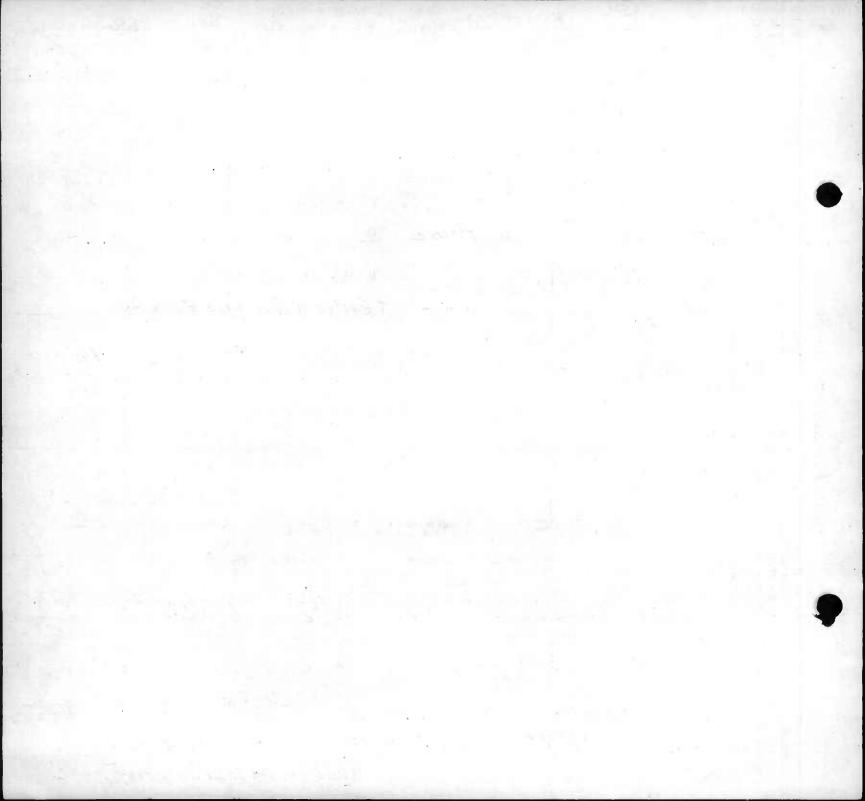


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BALTIMORE CITY HEALTH DEPARTMENT 68 4120

	-2000	4
REG. NO.	() () ·	1429
		-L 11-0

1. NAME OF DE	CEASED	100	Tells South	2. DATE A	ND HOUR/OF DEAT	IH .
STRE	ETS, SARA			IV. 11-11-11-11-11-11-11-11-11-11-11-11-11-	2/1./68	9:15
3. PLACE IN BA			ONOUNCED DEAD	A. STATE B. COUP	NTY D A	f institution: residence before odn
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT I ADDRESS	N HOSPITAL OR IP	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
0				Halethrone	2	YES NO 🔀
Bolton !	Hill Nurs	sing & Conv	valscent Ctr.	E. STREET AND NUMBER		
5. SEX	6. RACE	7∙ MAR	RIED NEVER MARRIED	1960 Belle	9. AGE (In years lost birthdoy)	If Under 1 Yi., If Under 1 Months! Doys Hours!
E -	White	WIDO	WED TO DIVORCED	8/22/00	67	77.011.13
	CUPATION (Give	kind of work 10B. KIN		Y 11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT CO
done during most	of working life, ever		. 11			
	WORK	Du	in Home	Maryland		U.S. A
13. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	WE	
16 Wes Da	James Gal	loway	114 5051 ::	Catherine Wats	son	ABBREE
(Yes, no or unknow	ea Ever in U.S.	Armed Forces? wor or dotes of serv	rice) 1 6. SOCIAL SECURITY NO.	INFORMANT		ADDRESS
No			218-12-23317	T Duolun 111.1/1	1960 Be	He Ave
1B> 4	2 V I		CAUSE OF DEA	TH	1100 00	APPROXIMATE INTE
heart failure injury ar co	e, asthenia, etc. amplication which ANTECEDENT	mode of dying, It means the disc th caused death.) CAUSES ONS, if any, g	(B)	S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF:	ligh etc	graculty vose.
DISEASES rise to UNDERLYII	ANTECEDENT OR CONDITION the obove co	It means the disc ch coused death.) CAUSES DNS, if any, g use (A) stating V lost.	iving DUE TO, OR A	s A CONSEQUENCE OF:	ergy etc	0.
DISEASES rise to UN DERLYII OTHER SIGN TO THE DE USEASE OR	e, asthenia, etc. amplication which ANTECEDENT OR CONDITION OR CONDITION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	It means the disc ch coused death.) CAUSES ONS, if any, gives (A) stating N lost. TIONS CONTRIBUT LATED TO THE TERM! LATED TO THE TERM!	iving DUE TO, OR A (B)	S A CONSEQUENCE OF:		graelolly none:
DISEASES rise to UN DERLYII OTHER SIGN TO THE DE DISEASE OR 19A. DATE O	e, asthenia, etc. amplication whice ANTECEDENT OR CONDITION The obove condition X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	It means the disc the coused death.) CAUSES ONS, if any, guse (A) stating N lost. TIONS CONTRIBUT LATED 10 THE TERM! VEN IN PART 1 (A). 179B. CONDITION WAS PERFORMED	iving DUE TO, OR A: OR	S A CONSEQUENCE OF: S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N		0.
DISEASES rise to UNDERLYII OTHER SIGN TO THE DE DISEASE OR TO THE DE DI	e, asthenia, etc. amplication which ANTECEDENT OR CONDITION OR CONDITION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	It means the disch coused death.) CAUSES ONS, if any, gouse (A) stating Notes. TIONS CONTRIBUT LATED TO THE TERM! (AN IN PART IA). TIPBE CONDITION WAS PERFORMED ERLYING SECONDS	the (C)	S A CONSEQUENCE OF:	O) 20B. IF YES, WEI	graelolly none:
DISEASES rise to UN DERLYII OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF OR CONTRI OR CONTRI DEATH (not	e, asthenia, etc. amplication whice ANTECEDENT OR CONDITION the obave cong CONDITION IIIFICANT CONDITION ATH BUT NOT REI CONDITION GIV OF OPERATION BUTING CAUS	It means the disch coused death.) CAUSES ONS, if any, gouse (A) stating N lost. ITONS CONTRIBUT LATED TO THE TERM! EXPLINING NORTH (A). 198. CONDITION WAS PERFORMED ERLYING SE OF iner)	the (B) DUE TO, OR A: (B) DUE TO, OR A: (B) DUE TO, OR A: (C) ING NAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or Nortice bidg., INJURY OCCUR?	o) 20B. IF YES, WEI IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to UNDERLYII OTHER SIGN TO THE DE DISEASE OR TO THE DE OR CONTRI DEATH (not) DISEASE OR TO THE DE DISEASE OR TO THE D D D D D	e, asthenia, etc. amplication whice ANTECEDENT OR CONDITION the obave cong CONDITION IIIFICANT CONDITION AITH BUT NOT REI CONDITION GIV OF OPERATION DENT WAS UND BUTING CAU: ify medical exami	It means the disch coused death.) CAUSES ONS, if any, gouse (A) stating N lost. ITONS CONTRIBUT LATED TO THE TERM! VEN IN PART I (A). 1798. CONDITION WAS PERFORMED ERLYING ERLYING SE OF iner)	the (C)	20A. AUTOPSY? (Yes or North bidg., INJURY OCCUR?	o) 20B. IF YES, WEI IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to UN DERLYII OTHER SIGN TO THE DE DISEASE OR 10 THE DE OR CONTRI DEATH (not) OTHER SIGN TO THE DE OR CONTRI DEATH (not) OF INJURY (APPROX.)	e, asthenia, etc. amplication which ANTECEDENT OR CONDITION The obave cong CONDITION WIFICANT CONDITION WIFICANT CONDITION GIVE TO OPERATION DENT WAS UND BUTING CAU: ify medical exami	It means the disch coused death.) CAUSES ONS, if any, gouse (A) stating Notes. IONS CONTRIBUT LATED TO THE TERMITEN IN PART 1 (A). 198. CONDITION WAS PERFORMED ERLYING SE OF iner) (Year) (Hour)	(B) DUE TO, OR A: eose, (B) DUE TO, OR A: eose, iving the (C) OR A: Eose, ING NAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Wh	20A. AUTOPSY? (Yes or North bidg., INJURY OCCUR?	o) 20B. IF YES, WEI IN CERTIFYING (RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to UN DERLYII OTHER SIGN TO THE DE DISEASE OR UN DEATH (not) TO THE DE OR CONTRI DEATH (not) TO FINJURY (APPROX.) 22. 1 certifi	e, asthenia, etc. amplication which ANTECEDENT OR CONDITION The obave cong CONDITION WIFICANT CONDITION GIVE TO PERATION DENT WAS UND BUTING CAUS If medical examination (Month) (Do fy that (1) (this	It means the disch coused death.) CAUSES ONS, if any, gouse (A) stating Notes. IONS CONTRIBUT LATED TO THE TERMITEN IN PART 1 (A). 198. CONDITION WAS PERFORMED ERLYING SE OF iner) (Year) (Hour)	The Cose, DUE TO, OR A DUE TO, OR DUE T	20A. AUTOPSY? (Yes or North office bidg., INJURY OCCUR?	O) 20B. IF YES, WEI IN CERTIFYING ((If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to UN DERLYII OTHER SIGN TO THE DE DISEASE OR 19A. DATE (1) OR CONTRI OR CONTRI OR CONTRI OF INJURY (APPROX.) 22. 1 certif that (1) (w. ond hour of	e, asthenia, etc. complication whice ANTECEDENT OR CONDITION The obove condition of the obove condition of the condition o	It means the disch coused death.) CAUSES ONS, if any, guse (A) stating N lost. TIONS CONTRIBUT LATED TO THE TERM! VEN IN PART 1 (A). 179B. CONDITION WAS PERFORMED ERLYTING SE OF iner! The part of the par	iving DUE TO, OR A: (B) DUE TO, OR A: iving DUE TO, OR A: (C) DUE TO, OR A: (B) DUE TO, OR A: (B) DUE TO, OR A: (C) DUE TO, OR A: (B) DUE TO, OR A: (C) DUE TO, OR A: (B) DUE TO, OR A: (C) DUE TO, OR A: (B) DUE TO, OR A: (C) DUE TO, OR A: (B) DUE TO, OR A: (C) DUE TO, OR A: (B) DUE TO, OR A: (C) DUE TO, OR A: (B) DUE TO, OR A: (C) DUE TO, OR A: (B) DUE TO, OR A: (C) DUE T	20A. AUTOPSY? (Yes or North office bidg., INJURY OCCUR?	O) 20B. IF YES, WEI IN CERTIFYING ((If in Boltin JURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) 2/4 19 opinion deoth accurred on the
DISEASES rise to UN DERLYII OTHER SIGN TO THE DE DISEASE OR 19A. ACCID OR CONTRI OR CONTRI OF INJURY (APPROX.) 22. 1 certifit that (1) (w.	e, asthenia, etc. complication whice ANTECEDENT OR CONDITION The obove condition of the obove condition of the condition o	It means the disch coused death.) CAUSES ONS, if any, guse (A) stating N lost. TIONS CONTRIBUT LATED TO THE TERM! VEN IN PART 1 (A). 179B. CONDITION WAS PERFORMED ERLYTING ERLYTING SE OF iner) thaspital attences a deceased alive	DUE TO, OR A: eose, (B)	20A. AUTOPSY? (Yes or North and the body after death.	JURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location) 2 19 ppinion deoth accurred on the control of the co
DISEASES rise to UN DERLYII OTHER SIGN TO THE DE DISEASE OR 19A. DATE (1) OR CONTRI DEATH (not) 21 D. TIME OF INJURY (APPROX.) 22. 1 certif that (1) (wo and hour of 23A. SIGNA'	e, asthenia, etc. complication which ANTECEDENT OR CONDITION The obove condition of the obove condition of the condition o	It means the disch coused death.) CAUSES ONS, if any, guse (A) stating N lost. TIONS CONTRIBUT LATED TO THE TERM! VEN IN PART 1 (A). 179B. CONDITION WAS PERFORMED ERLYTING ERLYTING SE OF iner) thaspital attences a deceased alive	DUE TO, OR AMERICAN (B) DUE TO, OR AMERICAN (C) ING NAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Why Work At Word At Word Not Why Work Not Why Work (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or North bidg., INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 21F. How did in	O) 20B. IF YES, WEI IN CERTIFYING ((If in Boltin JURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) 2/4 19 opinion deoth accurred on the
DISEASES rise to UN DERLYII OTHER SIGN TO THE DE DISEASE OR CONTRI TO THE DE OR CONTR	e, asthenia, etc. complication which ANTECEDENT OR CONDITION The obove condition of the obove condition of the condition o	It means the disch coused death.) CAUSES ONS, if any, guse (A) stating N lost. TIONS CONTRIBUT LATED TO THE TERM! VEN IN PART 1 (A). 179B. CONDITION WAS PERFORMED ERLYTING ERLYTING SEE OF interly is haspital) attended to deceased a color of the color of th	DUE TO, OR AMERICAN (B) DUE TO, OR AMERICAN (B) DUE TO, OR AMERICAN (C) ING NAL FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Why Work At Work ded the deceosed from the control of the deceosed from the control of the contr	20A. AUTOPSY? (Yes or North and the state of	JURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location) 2 19 ppinion deoth accurred on the control of the co
DISEASES rise to UN DERLYII OTHER SIGN TO THE DE DISEASE OR 10 THE D DISEASE	e, asthenia, etc. complication which ANTECEDENT OR CONDITION The obave condition of the obave condition of the condition o	It means the disch coused death.) CAUSES ONS, if any, guse (A) stating N lost. TIONS CONTRIBUT LATED TO THE TERM! VEN IN PART 1 (A). 179B. CONDITION WAS PERFORMED ERLYTING ERLYTING SEE OF iner! It haspital attended to be a deceased a live uses stated about	DUE TO, OR AMERICAN (B) DUE TO, OR AMERICAN (C) ING NAL FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED While At	20A. AUTOPSY? (Yes or North and the state of	O) 20B. IF YES, WEI IN CERTIFYING ((If in Boltin JURY OCCUR? 1967 to to to in (my) (our) of the phys.	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location) 2 19 ppinion deoth accurred on the control of the co



the and of death Deceased BIRTH NO I. NAME OF DECEASED (Type or Print) uo James hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION attend cause; 40 prior contributing Bolton Hill Nursing & Convalscent Ctr. occurred etermined made regular 5. SEX 6. RACE MARRIED NEVER MARRIED eceased WIDOWED 35 DIVORCED death disposition done during most of working life, even if retired Dud ō Chef SD 13. FATHER'S NAME the 4 John Moran IMPORTANT death 0 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance 705-12-5289 any pronounced 0 attend DISEASE OR CONDITION DIRECTLY lmed LEADING TO DEATH 0 (This does not mean the made of dying, heart failure, asthenia, etc. It means the diseas 0 DIRECTOR: gular miner. fracti ق injury ar camplication which caused death.) em ANTECEDENT CAUSES who 9 are DISEASES OR CONDITIONS, if any, givin the abave 3 cause (A) slating 2 UNDERLYING CONDITION last. physician remains chief medical dical MOS 20.0 П FUNERAL ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAT physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 198. CONDITION FOR WHICH PERATION 19 A. DATE OF OPERATION the WAS PERFORMED 0 15/08 before Ū 21 A. ACCIDENT WAS UNDERLYING where OR CONTRIBUTING CAUSE OF hospital 2 DEATH (notify medical examiner nature; Nurvo by MEDI obtained 21 D. TIME (Month) (Dov) (Yeor) Hour 21 E. INJURY OCCURRED 9 OF INJURY approved (except While At (A PPROX.) Work and to the any 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on, pe of hospital death) was released must accident 23A. SIGNATURE 0 approval 0 23 C. PHYSICIAN'S prior certificate NAME IType to An 4

deceased

written

VS 150-REV. 1/1/68

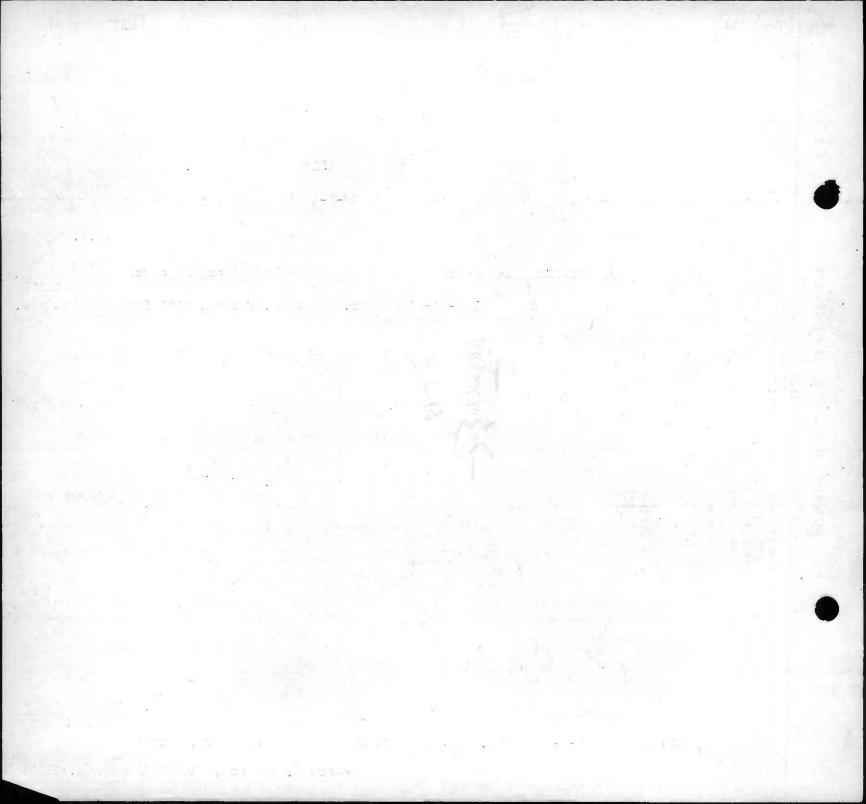
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the body

BALTIMORE CITY HEALTH DEPARTMENT 68- 1430 CERTIFICATE OF DEATH REG. NO. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE | Where deceased lived, If institution; residence before admission B. COUNTY Maryland C CITY OR TOWN D. INSIDE CITY LIMITS YES NO E. STREET AND NUMBER 1222 Pine Hights Avenue 9. AGE (In years If Under 1 Yr. Months! Doys 8. DATE OF BIRTH If Under 24 Hrs. Hours lost birthdoy 10-3-1882 10A. USUAL OCCUPATION GIVE KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A 14. MOTHER'S MAIDEN NAME XXXXXXXXXX Mary Anna Grimes 17. INFORMANT 21229 Mr. Albert A. Torney, 1222 Pine Heights Ave. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF M. OR AS A CONSEQUENCE 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 218 ACE OF NJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in 8oltimore City, give exoct location) 21F. HOW DID INJURY OCCUR? Not While At Work 19 6 € ond that in (my) (our) opinion death accurred on the date and hour and from the couses stoted above. (1) (We) (did) (did not) view the bady ofter deoth. 23B, DATE SIGNED Attending Med. Staff Phys. Director Phys. 23 D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE DEGREE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) 2-6-68 Mt. Olivet Cemetery Baltimore, Maryland Burial 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. 21220



IMPORTANT

FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

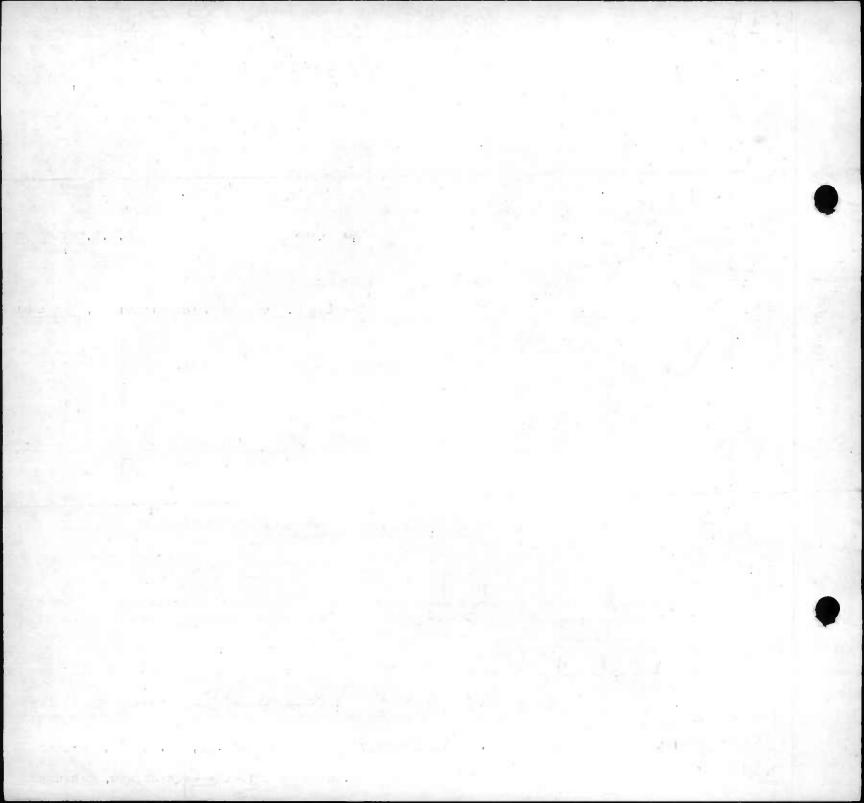
VS 150-REV. 1/1/68

DIDTH NO	68-	- 143	CERTIFICA	TE OF D	EATH	REG. NO	00 1	
1, NAME OF DEC	GABEL	BA	UER			ary 3, 1968		M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RES	IDENCE (Whe	re deceased lived. If i	nstitution: residence	before odmission)
FULL NAME OF	TIRSOH MI TON BIL	AL OR INSTIT	IIION CIVE STREET		ryland		21	02
HOSPITAL OR	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TO		D. INS	SIDE CITY LIMITS?	
	11// ** .			Balt	imore		YES X	NO 🗌
00	1144 West	Hamburg	Street	E. STREET AN				
						nburg Street		
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF 81		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
Male	White	WIDOWED	DIVORCED DIVORCED DIVORCED DIVORCED	4-27-		69	DO CITIZEN OF	WHAT COUNTRY
	working life, even if retired)	108, KIND O	BOSINESS OK INDOSIKI	III. BIKIHPLAC	c (State or fore	ign country)	12. CITIZEN OF	WHAT COUNTRY
Retired					Maryla		U.S.	A
13. FATHER'S NA				14. MOTHER'S				
	Frederick Ba	uer			Mary	Walters		
15. Was Deceosed (Yes, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORM AN			ADDRI	
			216-10-7985	Mrs. M	yrtle 1.	Bauer, 114	44 W. Hamb	urg St.
18. 16 ~). /		CAUSE OF DEAT	н				XIMATE INTERVAL
DISEA	SE OR CONDITION DE	RECTLY		0		.00	. 7 1	-1.
(This does	LEADING TO DEATH nat meen the made of	dving e.g.	(A) IMMEDIATE CAL	ISPLECLE;	Line	of Lung) (° '	3
heart failure,	osthenio, etc. It meons	the disease,	DUE IO, OR AS	A CONSEQUENC	LE OF:			
' '	mplication which coused ANTECEDENT CAUSES		7 6	4	t.f.	int Lun		
			(8) MC/CL	A CONSEQUEN	CE OF:		-6-6-	
	OR CONDITIONS, if the above cause (A)		502 10, 011 73	A CONSEQUEN	GE OI.			
UNDERLYIN	G CONDITION lost.		(c)					
z 163	× 11	NITRIBUTING						
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	HE TERMINAL				######################################		
DISEASE OR O	F OPERATION 198 CON	DITION FOR	WHICH OPERATION	20 A. AUTOI	SY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSI	DERED
19 A. DATE O	WAS PER	FORMED			VU	IN CERTIFYING C	AUSES OF DEATH?	
U 21A. ACCIDE	NT WAS UNDERLYING	218	B. PLACE OF INJURY (e.g., ine, form, factory, street, o	n or obout 21C.	WHERE DID	(If In Boltimo	ore City, give exoct	locotian)
	UTING CAUSE OF y medical examiner)	etc	.)	ince biogramics				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F. I	OW DID IN.	JURY OCCUR?		
OF INJURY		W	nile At Work	е				
22	that (1) (this haspita			til- 2	3	1967 10 7	11-3	1968
2) last saw the decease			3 1968	2	nat in (my) (our) op	inion death acci	
		-	I) (We) (did) (did not)			10. 110.11	The state of the s	on the dan
23A, SIGNAT		ied andve	T// We/ (did not)	new the body	arrer dearn.		238, DATE SIGN	ED
	cent m.me	20 62	_ M.D AM		Med.	Staff Phys.	2-5-	68
23C. PHYSICI.			DEGREE Phy	23D. ADDRESS	Director 🖵	Phys. 🗀		
NAME (ent M. N	lessina		. Charle	es Street,	Baltimore.	Md.
24A. RUPIAL CDI	EMATION, 24B. DATE		DEGREE AME of CEMETERY OF CR				City, town, or count	
REMOVAL	(Specily)		THE OF GENTLETERS OF GR		275. (- Canion	,,, 01 000111	(31016)
Burial	2-6-68		oudon Park Cem			altimore, M		DRESS
ZSA. DATE REC'E	ED E 1000	O R	OF REGISTRAR		RAL DIRECTO			
1 1		1 17. a. FY	CLUB AVERSAL WALL	nowar	u H. Hill	bbard, 4107	wilkens A	VE. ZIZZY

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ior to death. Suc	written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 68- 1432 CERTIFICATE OF DEATH REGINO. 68- 1432
T, NAME OF DECEASED (Type or Print) PLOWSEN Engabeth. Masgie 2-2-60 1115 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE 8. COUNTY SAINT MARY'S TECHNOLOGY TO THE NOT IN HOSPITAL OR INSTITUTION GIVE STREET
HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) C. CITY OR TOWN ME CHAN I CS VIII E
33 HOPKING HOSPITALE. STREET AND NUMBER 7 SAMSONS FARM
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work) 108, KIND OF 8USINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 112, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) MARYLAND U.S.A.
13. FATHER'S NAME
SAMUEL EDWARDS ANNIE BARNES
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
CHARLES H. PLOWDEN MECHANICSVILLE, MARYLAND
18. 5 60 2 AUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH AND INSTRUMEDIATE CAUSE ROBERTS 3 Sangaran
(This does not mean the made at dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
heart lailure, aslhenia, etc. It means the disease, injury or complication which caused death,)
ANTECEDENT CAUSES (8) Illus -> Abdmil dolert
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) Chlands Called Frenchoget & Paraus -> 2-3 abouts
_570.3 11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED Volumbs - CREEKEN 1-29-68 Volumbs - CREEKEN 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED TO CREEKEN 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF COMMENCE CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF COMMENCE CONTRIBUTING CAUSE OF COMMENCE CO
U 21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Not While
Work At Work
22. I certify that (1) (this haspital) attended the deceased from 1-15 1960 to 2-2 1960,
that (1) (we) last saw the deceased alive an 2 - 2 - 19 68 and that in (my) (aur) apinion death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
D. A. C. O. M.D. Attending Med. Staff 2-2-18
23C. PHYSICIAN'S 23D. ADDRESS
NAME (Type) A rotorio Conzalze - CEVILLO DEGREE John Higher Hoop Dalbold.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURJAL 2/6/68 ST. JOHNS CEMETERY HOLLYWOOD, ST. MARY B. MARYLAND
FER 5 1968 P. P. & E. Halley W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND
VS 150-REV. 1/1/68



68- 1433

CERTIFICA	TE OF DEATH REG. NO.	
EWING	2. DATE AND HOUR OF DEAT	
	4. USUAL RESIDENCE (Where deceased lived, I	11; 20 P.M.
MEMINED	A. STATE B. COUNTY	0-07
2-26-68	C. CITY OR TOWN D. If	NSIDE CITY LIMITS?
1 4000	Baltimore	YES NO NO
1102 6	17 111 11	257
ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	tf Under 1 Yr. If Under 24 Hrs. Manths! Days Hours Min.
		12. CITIZEN OF WHAT COUNTRY?
	41 1 1	USA
welope corp.	14. MOTHER'S MAIDEN NAME	004
	Unknown	
1 6. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
218 09 1/151	Margaret R. Ewing 1722	Abbotton St.
CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
.Υ	and into	1 > 00 4 4 4
g, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	7
(B) Juo	A CONSEQUENCE of luxus	1 yer
A A	woland of things	2 years
(c) 8 GCC	CA	47
RMINAL	a orixarph, conjuna	max
N FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	ces	mare City, give exact lacation)
hame, farm, foctory, street, a etc.)	ffice bldg., INJURY OCCUR?	rate only, give oracl recently
ur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not While Work At Work	le 🔲	
ended the deceased fram	02-02-68 19 to O	2-03
ve an 02 - 03	19 6 and that in (tou)	apinian death accurred an the date
bave. (1) (We) (dld) (did nat)	view the bady after death.	loop DAYE CLONED
	ending Med. Staff	02 - 03 - 69
DEGREE	23D. ADDRESS	02-00
HANDLER	The THEN UNI ON MEMORIA	L HASPITAL
	EMATORY 24D. LOCATION	(City, town, or county) (State)
Woodlawn Cemete	ery Baltimore	Co. Md
i that as		
T. C. CONSCIPUL	Lassahn Funeral Home &	401 Belair Rd.
	PRONOUNCED DEAD RANSTITUTION; GIVE STREET 2-26-68 ARRIED NEVER MARRIED DOWN DIVORCED While At DUE TO, OR AS CANDINAL NO. 21B. PLACE OF INJURY (e.g., indeed) At Work Phy HANDLER DEGREE 24C. NAME of CEMETERY or CR	EWING CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH PRONOUNCED DEAD A. STATE 2. 26-68 A. STATE 2. 26-68 C. CITY OR TOWN B. COUNTY ARRIED NEVER MARRIED DIVORCED DIV

V.S. 153 2-26-68 M.H.

D.O.A. deceased parities ap

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death

BALTIMORE CITY HEALTH DEPARTMENT 68-1434 CERTIFICATE OF DEATH the t or contributing cause of death Undetermined cause; (5) Deceased BIRTH NO. 2. DATE AND HOUR OF I NAME OF DECEASED (Type of Print) O hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY A. STATE a FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) OR TOWN D. INSIDE CITY LIMITS' attend 0 prior Geneval deporta Cimarron made regular If Under 1 Yr. Months! Doys B. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED deceased DIVORCED WIDOWED disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country sing most of working life, even if retired) a 13. FATHER'S NAME SID 14. MOTHER'S MAIDEN NAME the 4 15. Was Deceosed Ever in U. S. Armed Forces? LO death (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL or final SECURITY NO. attendance Admission any OF DEATH pronounced DISEASE OR CONDITION DIRECTLY embalmed TETIOSCIPI (A) IMMEDIATE CAUSE of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. It means the disease, regular injury or camplication which coused death.) ANTECEDENT CAUSES who (B)_______DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving the above cause (A) stoting the physician obtained before the remains UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) chief 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the 0 WAS PERFORMED the (7) 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital °Z MEDICAL DEATH (notify medical examiner) nature; 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) At Work and Work any 22. I certify that (1) (this hospital) ottended the deceased from pe that (I) (we) last saw the deceased alive an of death) hospital and hour and fram the couses stated obove. (1) (We) (did) (did not) view the body after deoth. must 23A. SIGNATURE Attending Med Staff 0 Phys. Director L approval Phys. 23D. ADDRESS prior à

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) and that in (my) (our) opinian deoth occurred an the dote 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATOR REMOVAL (Specify) 7225 EASTERN BLUD. BALTO, CO., MD OAK LAWN CBM. BURIAL 25B. NAME OF REGISTRAR 9015, CONKLING ST 2SA. DATE REC'D BY HEALTH DEPT. BALTO, 21224, MD. VS 150-REV. 1/1768

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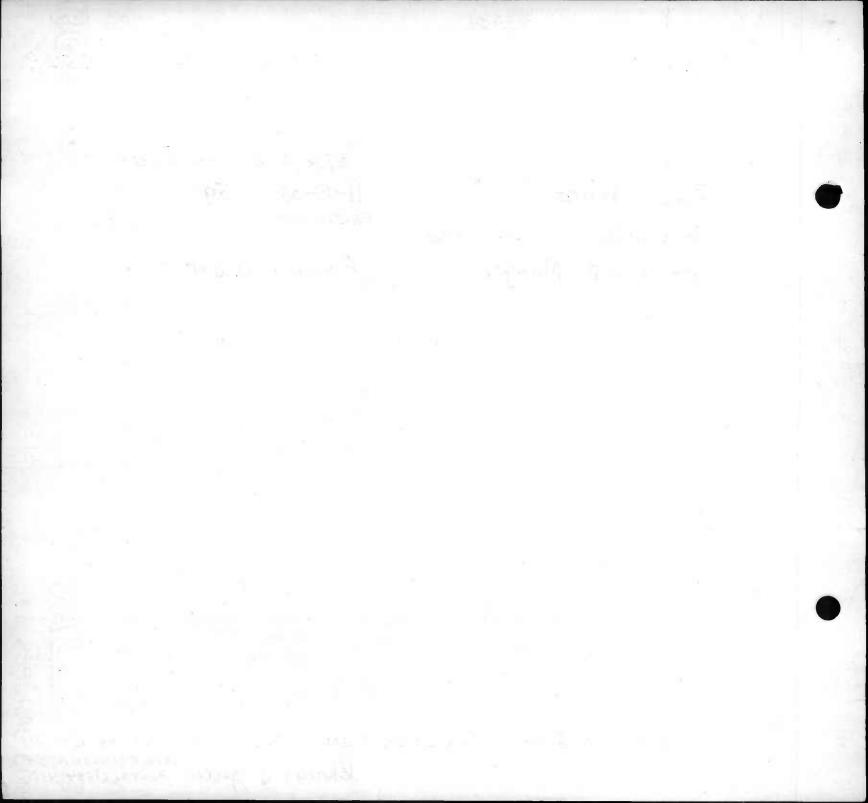
12, CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.



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attendance

BALTIMORE CITY HEALTH DEPARTMENT 68- 1435 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print) GhaRLes 4. USUAL RESIDENCE (Where d institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE HArtand Co FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO X STREET AND NUMBER General ditimple made If Under 24 Hrs. Hours Min. 5, SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. MARRIED Months Doys Hours lost birthdoy Oct. 17, 1892 WIDOWED X DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition U.S.A. GLOCELI StorE OWNER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WEPSC Funfi WELVEL IS. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT(500) 692-2726 ADDRESS 6. SOCIAL SECURITY NO. final (Yes, no or unknown) (II yes, give wor or dates of service) Rigdon Road - Box# 141 Mr. Chades C. WEISS NO 220-05-8719 SATTEHSVILLE, MANJAND 2108 CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, 0 ڡ injury as camplication which caused death.) em ANTECEDENT CAUSES 9 DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, 0 lhe above cause (A) stating the UNDERLYING CONDITION last. remains 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notily medical examiner) 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? obtained 21E. INJURY OCCURRED While At Not While p (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Staff Director L 0 5 23C. PHYSICIAN'S 23D. ADDRESS prior approv NAME (Type So, DEGREE 24A. BURIAL CREMATION, CEMETERY OF CREMATORY (City, town, or county) deceased REMOVAL (Specify) BELLIN MEmorial Gardens BELATE HARFORD CO. MANIAN 21014 FED. 6,1968 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Williams & Carpinal

Joseph william Foster Bel Air, Manland 21014

Rigdon Rd. Fredly Brothman General Holy Ele-(sumber 1) reference (2 = real-) 211-101 144 V THE THE HOLD CONDITION OF CASE (ASSES) Print to appear of the party of the state of automorphish by tim 3 langer ASC V Briese bromes C. Center, 14.0. So. Bathe Conord Hospin Colum C. Carter and the second of the last course of the last and the last garages and The second will not not reduce against

VS 150-REV. 1/1/68

REG. NO._ CERTIFICATE OF DEATH hospital and use of death etermined cause; (5) Deceased Such BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no ABRAHAM LOSINSKY 2-3-1968 PALIL death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance MARYLAND cduse FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN attend 0 ō BALTIMORE YES W HORPITAL prior SQUARE E. STREET AND NUMBER contributing occurred BENTAL made regular 5. SEX 9. AGE (In years If Under 1 Yr. Months: Days 6. RACE B. DATE OF BIRTH · MARRIED NEVER MARRIED deceased lost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at tareign country) disposition done during most of working life, even it retired) RXXXXXXMERCHANT MARYLAND 10 RETAIL OS 13. FATHER'S NAME 0 4 CSINSK SOLOMAN BERLIN assistant eath 0 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (It yes, give war or dates of service) LOSINSKY, 1 N. BENTALOU ST. #21223 final SECURITY NO. MRS. ROSE attendance ਰ MYES W.W I ARMY 216-32-9738 any CAUSE OF DEATH pronounced 9 DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not meon the made of dying, e.g., heart foilure, asthenia, etc. Il means the disease, medical examiner xaminer. gular injury or complication which coused death.) ANTECEDENT CAUSES who 9 remains are DISEASES OR CONDITIONS, if ony, giving to the abave cause (A) sloting the UNDERLYING CONDITION last. physician edical 163 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the the chief 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 2 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exoct lacotion) ICAL hospital °Z DEATH (notify medical examiner) etc.) nature; MEDI 21 D. TIME (Month) (Day) (Year) (Hourl obtained 21F. HOW DID INJURY OCCUR? 9 21 E. INJURY OCCURRED OF INJURY Not While approved (except While At (APPROX.) and Work At Work the any 1968 22. I certify that (1) (this hospital) attended the deceased from 2 -3 19 6 8 that (1) (we) lost saw the deceased alive an ond that in (my) (64) opinion death occurred on the date 0 pe o hospital death) and hour ond from the couses stated above, (I) (F) (a(i) (did nat) view the bady after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Director Med. Staff was rele 0 approval Phys. ō 23D. ADDRESS 23 C. PHYSICIAN'S prior 10 NAME (Type) 4 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY deceased he body 0.0 REMOVAL (Specify) written shows: BURTAL BETH EL MEMORIAL PARK RANDALLSTOWN, MD. SID 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 3

PALTIMORE CITY HEALTH DEPARTMENT

: 20

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

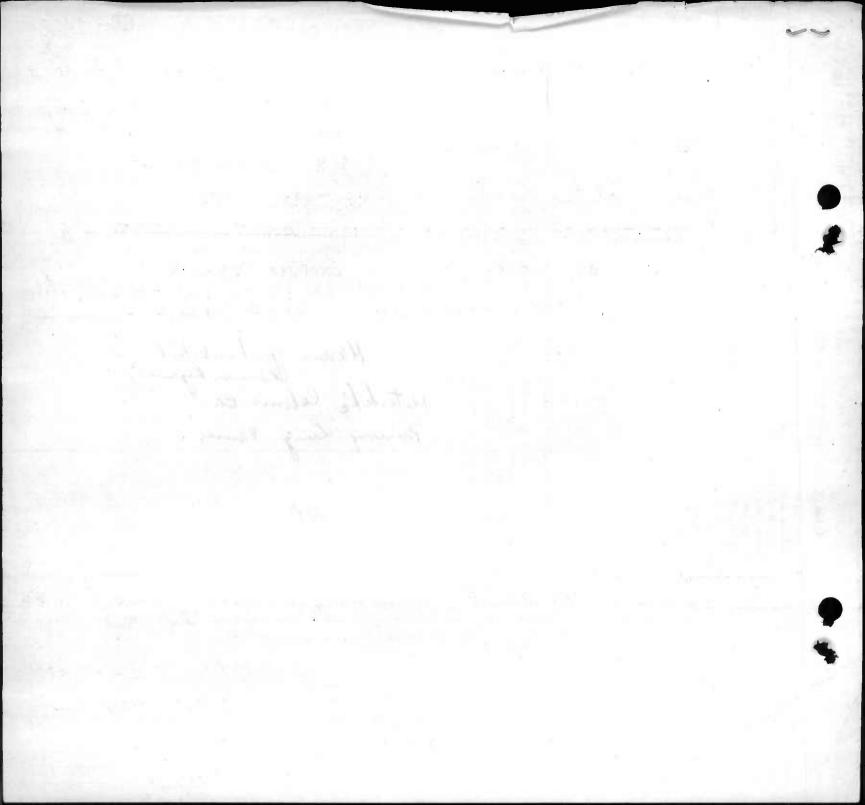
ADDRESS

12. CITIZEN OF WHAT COUNTRY?

U.S.A

ADDRESS

Il Under 24 Hrs. Hours Min.



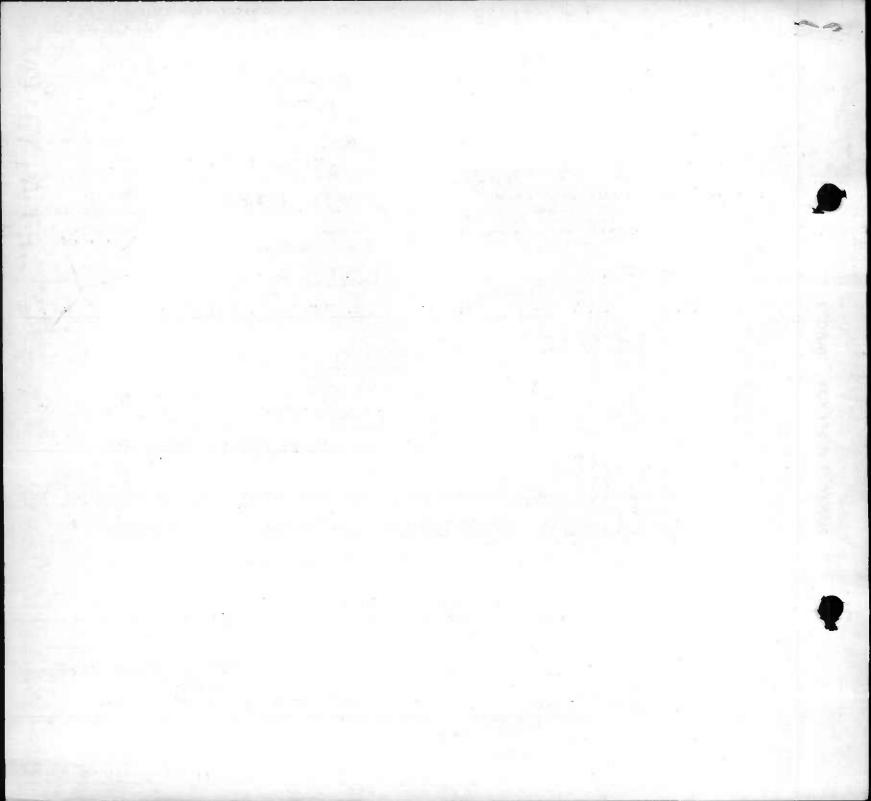
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5	C1 55 C0 1	BALTIMORE CITY	HEALTH DEPARTMENT		68 1437
	TOLE	4-637 00-1	437 CERTIFICA	TE OF DEATH	REG. NO	7.40/
H	1. NA	AME OF DECEASED			HOUR OF DEATH	
	(Туре	e or Print) OSEPH FRII	EDMAN		ab 2, 1968	
	3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceosed lived. If ins	titution: residence before admission)
	FUL	L NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	MARYLAND		12-13
	HOS	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIE	- Standard
				BALTIMORE E. STREET AND NUMBER		YES NO
	2	713 OSWEGO AVENUE		2713 OSWEGO	AUENIE	
	S. SE	EX 6. RACE 7. AAADDI	ED X NEVER MARRIED		AVENUE AGE (In years	If Under 1 Yr If Under 24 Hrs.
					st birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	IOA.	USUAL OCCUPATION (Give kind of work 10B. KIND		11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
	done	during most of working life, even if retired)	НОР	RUSSIA		U.S.A.
	13. F	TAILOR S	nor	14. MOTHER'S MAIDEN NAME	<u> </u>	U.S.A.
					•	
	15. V	WOLF FRIEDMAN Vos Decessed Ever in U. S. Armed Forces?	1 6. SOCIAL	ANNA ?		ADDRESS
		Vos Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of service				
	N		215-05-0127A	MRS. KATIE FRIED	MAN, 2713 (OSWEGO AVE. #21215
		18. 410, 9 41 250,9	CAUSE OF DEATE	H		BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DAMES DATE CALL	a Quite Aug	mender O	7 167
		(This does not mean the made of dying, e		A CONSEQUENCE OF:		
		hearl failure, asthenia, etc. It means the disea injury ar camplication which caused death.)	ise,	- July	arevien	
		ANTECEDENT CAUSES	(d)	Tworelantie	Cardio L	les
		DISEASES OR CONDITIONS, if any, giv	ing	A CONSEQUENCE OF:		
		rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)	W	iskark_	
	1	42011	1,			
	N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		In be Tan My	1408 tus	'
	4	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
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	< □		home, form, foctory, street, of	fice bldg., INJURY OCCUR?	h	, only, give another to among
	U		21 E. INJURY OCCURRED	21F. HOW DID INJUI	PY OCCUR?	
	3	(APPROX.)	While At Not While	e 🗀	KI OCCOR.	
			Work L At Work		~ A	Eng 68
		22. I certify that (I) (this hospital) attende	Ten St 1	- 6	53 10	Jel 2 1968.
		that (1) (ave) last sow the deceased alive of			in (my) (oor) opin	nian death accurred on the date
	I L	and hour and from the couses stated above	. (1) (We) (did) (did not) v	riew the body after deoth.		Total State States
		23A SIGNATURE	Atte	ending Med. St	taff [23B. DATE SIGNED
		Am full	Phys	s. Director P	hys.	1-ccc/765
		Z3C. PHYSIGIAN'S NAME (Type)	WALL MID	23D. ADDRESS	1 Herel 7	Tore ProJuntes
	210	SAMUEL U, O'II	DEGREE	3600 100	k // while	o we virist
	24A.	BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CRE			ly, town, or county) (Stote)
			HEL YAKOV		TIMORE, MAR!	
	25A.	DATE REC'D BY HEALTH DEPT. 258. NAM	AE OF REGISTRAR	2SC. FUNERAL DIRECTOR	2000 (01	ADDRESS
		ELB 1968 (11.12.5.15)	E Tarbergua	SOL LEVINSON &	BKUS., 601	O REISTERSTOWN KUAD
	A 2 1	ISO-REV. 1/1/6B				

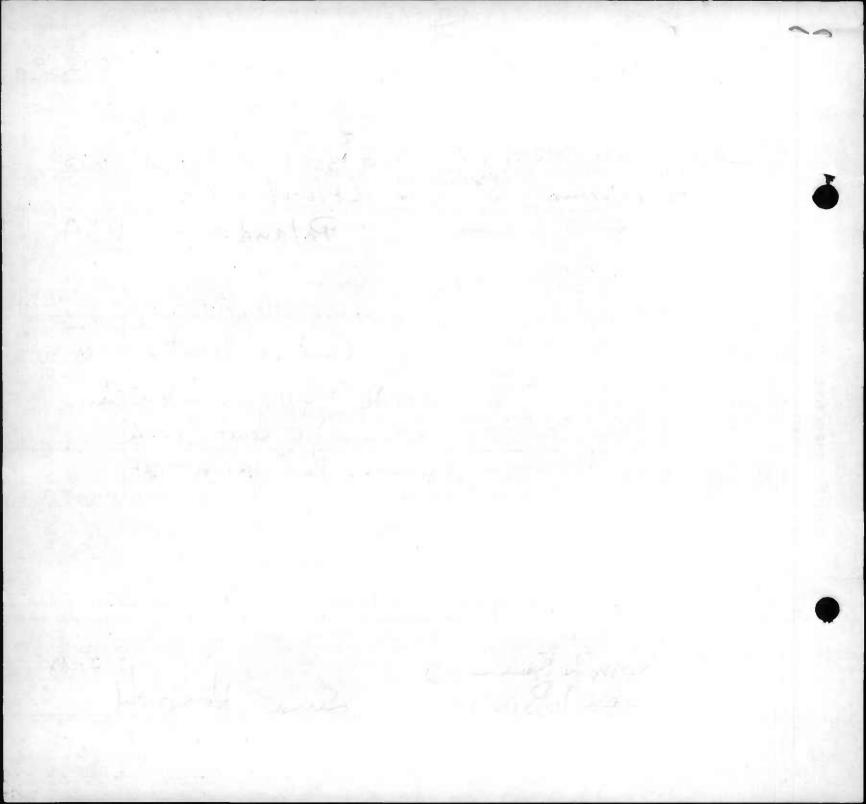


	Pe or Print)		011			E AND HOUR OF D		
Ľ	{`	MORE MARYLAND.	OHEN	OUNCED DEAD	TES	3. 1, 1968	8 815 P	M.
3.	PLACE IN BALII	MORE MARILAND,	WHERE PRON	DUNCED DEAD	A. STATE B. C	OUNTY	d. II ilisinologice	sidence before odmissi
H	LL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN		. INSIDE CITY LIF	MITS?
	SINAI	HOSPITAL	OF	BALTIMORE	BALTIMOR		YES	NO 🗌
1	12	5071			E. STREET AND NUMB	ER Y Y HEIGH	TO AUTHUE	
5.	SEX 6	. RACE	7. MAPPIER	NEVER MARRIED		9. AGE (In year	rs If Under	1 Yr. , If Under 24 H
	MALE	CAUCASIAN	WIDOWE	DIVORCED	JANUARY 18	10st birthdoy	Months	Doys Hours Min.
		ATION (Give kind of working life, even if retired)	OLIFE	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA CE (Stote or	foreign country)	12. CITIZ	EN OF WHAT COUNT
	PROPRI			W CLEANING	RUSSIA			U.S.A.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME		
15	MYER C			1 (00 0)	MEITE ?			
15. (Ye	s, no or unknown)	ver in U.S. Armed Fo If yes, give wor or do	orces? les of service)	SECURITY NO.	17. INFORMANT			ADDRESS
	XXXYES	w.w. I		219-32-2230	MRS. ROSE COH	EN, 4011 L	IBERTY HE	IGHTS AVE.
	injury of comp Al DISEASES OR	sthenio, etc. It mean lication which cause NTECEDENT CAUSE CONDITIONS, if obove cause (A)	d deoth.) S ony, givin	DIABETI (B) DE TO. OR A	AUSE A CID - BASE A CONSEQUENCE OF: C ACIDOSIS CO THE LOIN ER EX- S A CONSEQUENCE OF: TERIOS CUENCES TER	ELLULITIS &	GANGREN EMPHYSE	man man and a con-
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CAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (nofity in CAPPROX.) 21A. ACCIDENT OR CONTRIBUT DEATH (nofity in CAPPROX.) 22. I certify to that (1) (we) I and haur and 23A. SIGNATURE	Il CAUSE OF MASS PER CAUSE ON TREATED TO MONTH ON PAR CAUSE OF MONTH OF CAUSE OF CAU	ONTRIBUTING THE TERMINAL RIT I (A). NOTION FOR HOUND 21 WW. W. All) attended sed alive an	DIABETI (B) DUE TO, OR A CN S AR (C) FOR ON A (C) FOR ON A (C) FOR ON A (E) PLACE OF INJURY (e.g., or	C ACIDOSIS ULTIPLE EXIST A CONSEQUENCE OF: TERIOSCIEROSIS 20A. AUTOPSY? (Yes of the consequence of the cons	TREMETY, T INSUFFICE OT NO. 208. IF YES, IN CERTIFYIN O INJURY OCCUR? 19 68 to d that in (my) (aught)	GANGREN EMPHYSE ENCY SCLETESIS WERE FINDINGS IG CAUSES OF D Collimore City, give	CONSIDERED SEATH? Exoct locotion) 19 68 h accurred an the seasons are signed.
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MEDICAL CERTIFIC	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify in CAPROX.) 21A. ACCIDENT OR CONTRIBUT DEATH (notify in CAPROX.) 22. I certify to that (I) (we) I and haur and 23A. SIGNATURE 23C. PHYSICIAN NAME (Typ EAL.)	Il CONDITIONS, if obove cause (A) CONDITIONS, if obove cause (A) CONDITION I I I CONDITION I I I I CONDITION I I I I I I I I I I I I I I I I I I	ony, givin sloting the storing the storing the DNTRIBUTING THE TERMINAL RT I (A). NOTION FOR REFORMED (Hour) 21 had seed alive an ated abave.	DIABETI (B) F BO DUE TO, OR A (C) FOR ON S (C) FOR ON	C ACIDOSIS CONSEQUENCE OF: TORIOGOREPOSAS 20A. AUTOPSY? (Yes of the consequence of the	TREMETY, T INSUFFICE OT NOT 208. IF YES, IN CERTIFYIN O INJURY OCCUR? 19 68 to d that in (m) (au oth.	GANGREN EINPHYSE ENCY GEN; ARFE SCLERESIS WERE FINDINGS IG CAUSES OF D Rollimore City, give	CONSIDERED PEATH? exoct locotion) 19 68 h accurred an the of the considered to th
MEDICAL CERTIFIC	Injury of comp Al DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A DATE OF CO 19A ACCIDENT OR CONTRIBUT DEATH (notify in 21D. TIME OF INJURY (APPROX.) 22. I certify to that (I)(we) I and haur and 23A. SIGNATURE 23C. PHYSICIAN NAME (Typ	Il CONDITIONS, if obove cause (A) CONDITIONS, if obove cause (A) CONDITION I I I CONDITION I I I I CONDITION I I I I I I I I I I I I I I I I I I	ony, givin sloting the storing the storing the storing the storing the storing that storing the	DIABETI (B) PT BC DUE TO OR A (C) FOR ONS (C) FOR ONS	C ACIDOSIS CONSEQUENCE OF: THE LOWER EXIST A CONSEQUENCE OF: TERIOCOLEROSIS 20A. AUTOPSY? (Yes of the consequence of the conse	TREMETY, T INSUFFICIO OTSEASE, T INSUFFICIO	GANGREN EMPHYSE ENCY GEN, ARFE SCLERESIS WERE FINDINGS IG CAUSES OF D Collimore City, give 123B. DATI FEB BALTIMO (City, town, or	CONSIDERED PEATH? E exoct locotion) 19 68 h accurred an the E SIGNED (Ja 68 RE T county) (Stot



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

LL-2015 68-1	A OO BALTIMORE CITY	Y HEALTH DEPARTMENT 68- 1439
BIRTH NO. 345	CERTIFICA	ATE OF DEATH REG. NO. 1430
T. NAME OF DECEASED	4 .	2. DATE AND HOUR OF DEATH 2-2-68 18.45 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
SULL NAME OF SULF NOT IN HOSPITAL OR IN	CIVE CIVE CIRCLE	A. STATE B. COUNTY
FULL NAME OF	SITUTION, GIVE STREET	C. CITY OR TOWN (D. INSIDE CITY LIMITS?
	10	Batunce YES NO
42 2: NAI HOSD:	tal	350 St. Paul St. APT. 318
FEMALE Car Casin WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdgy) 1. If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOME	XXXXXXXXXX NEW YORK USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
LOUIS M. POZNANSKY		CHARNA MARKOWITZ
(Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	MARYLANDER APARTMENTS, APT318 MR. HARRY HITLIN, 3501 ST, PAUL STREET, #21218
18.	CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY		C. I. A. T
LEADING TO DEATH (This does not mean the mode all dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disection injury or camplication which coused death.)	ise,	20013245114
ANTECEDENT CAUSES	Atria	(h.) bull Ation - Mital Stress
DISEASES OR CONDITIONS, if ony, give		S A CONSEQUENCE OF:
rise to the above couse (A) stating UNDERLYING CONDITION last.	the (c) Khe	unofic fleat Disease
_ 410X II	, / ,	2 11 0 10
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		a, flend efferens - Cff
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or Na) 208. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If In Baltimare City, give exact lacation) ffice bldg., INJURY OCCUR?
W OF INTURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)	While At Work Not Whi	
22. I certify that (I) (this haspital) attended		1-20 1967 to 2-2 1968.
that (1) (we) last saw the deceased alive	on 2-2-	19 6 7 and that in(my) (aur) apinion death accurred on the date
and haur and from the causes stated abave	e. (1) (We) (did) (did nat)	
23A. SIGNATURE	AH AH	ending Med. Shoff
23C. PHYSICIAN'S	OEGREE Ph	ys. Director Phys. 23D. ADDRESS
NAME (Type) EM	NON	Sur T Horsen tal
24A. BURIAL CREMATION, 24B. DATE 24G	OEGREE	LEMATORY 24D. LOCATION (Gity, town, or county) (Stote)
REMOVAL (Specify)		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	MONTEFIORE ME OF REGISTRAR	SPRINGFIELD, LONG ISLAND, NEW YORK 25C. FUNERAL DIRECTOR ADDRESS
FEB 5 1968 A D. B	E. FarberMa	SOL LEVINSON & BROS., 6010 REISTERSTOWN RD.
VS 150-REV. 1/1/6B		



R-163

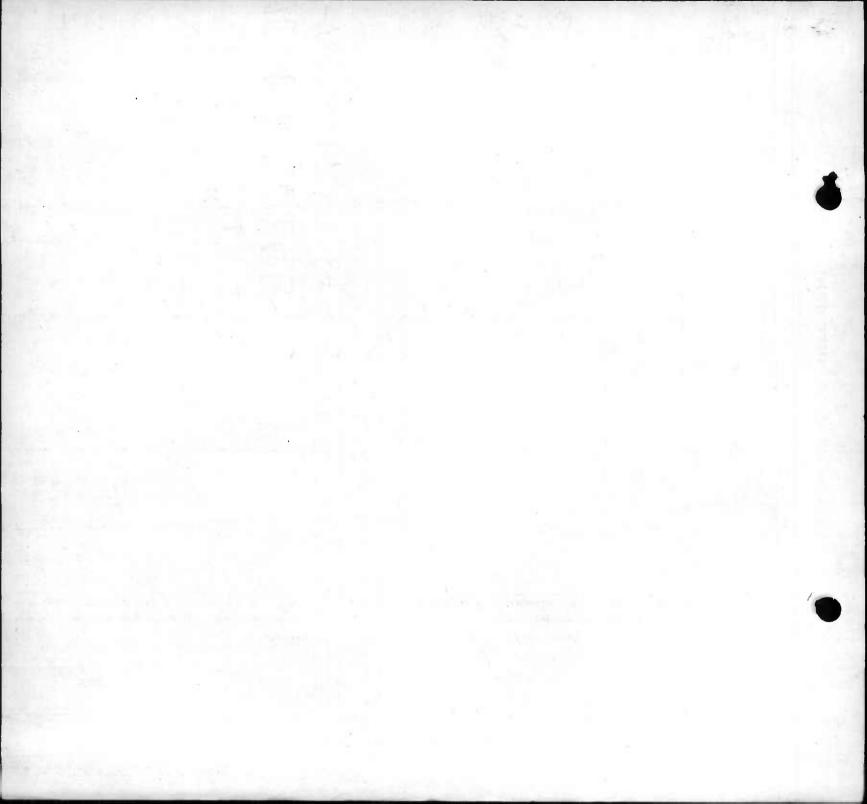
68 - 1440 baltimore city health department

bo~ 1440	BALTIMORE CITY HE	ALTH DEPARTMENT		68	3- 1440
MEDICAL E	XAMINER'S	CERTIFICATE	OF DEAT	H REG. NO	したない
BIRTH NO.					
(Type or Print)		2. DATE Known [Hour Hour
XXVIBVIXI REUBEN	RAPORT	DEATH Estimoted	□ Februa	ry 2, 1968	6:20 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	3. DATE	Month	Doy Ye	eor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	ON, GIVE STREET	PRONOUNCED DEA	PCDIC	ary 2, 196	M.
OR INSTITUTION		5. USUAL RESIDENCE (ed. If institution: reside B. COUNTY	ence before admission)
SINAI HOSPITAL (DOA)		Maryland		Bal	timo t e
6. SEX 7. RACE 8. MARRIED	NEVER MARRIED	C. CITY OR TOWN	0	D. INSIDE CITY LIM	ITS?
Male White WIDOWED	DIVORCED [Baltimore	Co	YES 🗌	NO D
9. DATE OF BIRTH 10. AGE (In years If U lost birthdoy) Mon	nder 1 Yr. If Under 24 Hrs. ths, Doys, Hours, Min.	E. STREET AND NUMB	ER		,
' KAN		3402 Vargas	Circle		53-00
	CITIZEN OF	13. FATHER'S NAME			
	WHAT COUNTRY?	Morris	Raport		
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME		
	aw	Sarah Fre	iden		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dotes of service)	17. SOCIAL SECURITY NO.	18. INFORMANT		ADDRES	S
(1 ves, no or unknown) (11 yes, give wor or doles or service)	217-01-6482	Mrs. Bella	Raport-3	402 Vargas	Circle.
19.	CAUSE OF DEA				APPROXIMATE INTERVAL
4/01					BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		sclerotic Card	liovascula	r Disease	
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE C	AS A CONSEQUENCE OF:			
heort foilure, osthenio, etc. It means the disease, Injury or complication which coused death.)	DUE TO, OR A	AS A CONSEQUENCE OF:			
ANTECEDENT CAUSES	(p)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B)DUE TO, OR	AS A CONSEQUENCE OF:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					Start In the
Z	(C)				
E 4.22.1 II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WILL ODER ATION W	AC DEDECORATED		los a	LIZODCVO (Ver es Ne)
20A. DATE OF OPERATION 20B. CONDITION FOR	WHICH OPERATION W	AS PERFORMED		21. 4	AUTOPSY? (Yes or No)
7					Yes
O HAIDERLYING TOR CONTRIB	PLACE OF INJURY (e.g., e, farm, foctory, street, office	in or obout 22C. WHERE bldg., etc.)	DID (If in Boltimor UR?	e City, give exact locat	ion)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour)	ZZE.INJURY OCCURRED	22F. HOW D	D INJURY OCCU	JR?	
OF INJURY	WHILE AT NOT	WHILE WORK		3	
23.					
I certify that I held an Inquiry	Inspection Au	topsy X and that	on this basis,	death in my opini	on
resulted fram: Natural causes 🔼 🗸	Accident Suicle	de 🗌 Hamicide 🔲	Undetermin	ned manner	
11/2			CAL EXAMINER		
ACTUAL 1104MCDIS	-	ASSISTANT MEDI		$\overline{\mathbb{X}}$	DATE SIGNED
SIGNATURE	M.D).			
EXAMINÉR'S Werner O	Spitz M.D.	ASSOCIATE MEDI	CAL EXAMINER		2-3-68
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 2.	4C. NAME of CEMETERY	OF CREMATORY	24D LOCATION	(City, town, or co	ounty) (Stote)
			THE RESERVE		
BURIAL (Specify) 2/4/68	Chizuk Amu	no Cont.	Balti	more, Mary	land
	OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRES	S
FEB 5 1968 (1. Cab	E. Salyes	SOL LEVIN	SON & BRO	S INC. 601	O Reist Rd.

1-1-6-6-1-6-6-4-1-8

The second secon

2-60	68- 1441 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG NO. 68- 1441
and eath ased the Such	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
o co	11 AR 1 E. DAKEK 2-4-6. 11 P.M.
ed in a hospit ting cause of d cause; (5) De r attendance prior to death	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MERCY HOSPITAL 3. OI ST. PAUL ST. We street ADDRESS OR LOCATION B. COUNTY M. STATE M
tribu mine gula sed mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min. Months Doys Hours Min.
o o o o o o o o o o o o o o o o o o o	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
in in dec	Housewife Wife and USA
ct ct ct vas	13. FATHER'S NAME
disp	·WILLIAM SHELLEY MARY TUTT LE
stantie di ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
ssis th th d d d fin	NONE MEDICAL RECORDS CAUSE OF DEATH APPROXIMATE INTERVAL
is and and or	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also our our ned	LEADING TO DEATH (A)IMMEDIATE CAUSE
מות מות	heart follure, asthenia, etc. If means the disease,
rac rac pulc	ANTECEDENT CAUSES ORINARY TRACT INFECTION 18 days
A fin	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
(3) ex	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (B) URINARY TRACT INFECTION 18 days (B) URINARY TRACT INFECTION 18 days (C) STROKE - CEREBRAL (C) STROKE - VASCULAR ACCIDENT TO days
dicalical na;	33/X II
bor bur bur bur ren	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A).
a nody	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he ch by (2) Bo re th phys	
tal tal her her befo	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in or obout INJURY OCCUR? etc.)
d by sspi ture t w 6) h	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
nat nat cept	Work At Work
pproperty any arrange of the contract of the c	22. I certify that (I) (this hospital) attended the deceased from 15 1968 to 160-4 1968, that (I) (we) lost sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date
of of of to be	that (1) (we) lost sow the deceased olive on Teb. 19 S and that in (my) (our) opinion death occurred on the date ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
deat	23A. SIGNATURE 23B. DATE SIGNED
muss ccide ccide to d al m	Named S-My all MD Attending Med. Staff Director
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS AME (Type)
www. W. A. A. C. I. Pr.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CEMATORY 24D. EOCATION (City, town, or county) (State)
certifi oody v s: (1) D.O.A ased p	REMOVAL (Specify)
o A × o +	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the show was dece	1000 DO CO IN COOK BROOKS TOWSON 1050 YORK RD. 21204



68- 1442 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

UU 1.'%'	42	44	14	8-	6
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D 1.	68- 1442 BALTIMORE CITY H	EALTH DEPARTMENT	
K-340	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 1442	
	BIRTH NO. NAME OF DECEASED	2. DATE Known X Manth Day Year Hour	=
	Type or Print)	OF	
	LAURA RUHWADEL PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted February 4, 1968 4:40 P	М.
		PRONOUNCED DEAD	
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	February 4, 1968 4:40 P	771.
	57	A. STATE B. COUNTY	7
4	03101 Normount Avenue	Maryland /6	1
	5. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS!	
	female white WIDOWED DIVORCED	110 2 110 2	
	P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr. last birthday) Months, Days, Haurs, Min		
	2-21-1875 92	3101 Normount Avenue	
	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
	Balto. Md. WHAT COUNTRY?	George Thomas	
	4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	Y 15. MOTHER'S MAIDEN NAME	
	ane during mastar warking life, even if retired)	Liza ??	
	Housewife Home 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS	-
	Yes, na or unknown) (If yes, give wor or dotes af service) 212-07-0849	Roland G. Ruhwadel (Same)	
	NO CAUSE OF DE	APPROXIMATE INTERVA	
	4/2.91	BETWEEN ONSET AND DE	ATH
		osclerotic Cardiovascular Disease	
	(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:	If no desire
	heort failure, osthenio, etc. It means the diseose, injury ar camplication which coused death.)	AS A CONSEQUENCE OF	
	ANTECEDENT CAUSES (B)	R AS A CONSEQUENCE OF:	
	RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
	Z UNDERLYING CONDITION LAST. (C)	ARDA RARRODORA O RARRAMENTARIO CONTRACTORIO	
	0 42211 II		_
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V		
	DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	VAS PERFORMED 21. AUTOPSY? (Yes ar No.)
		No	
	22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	., in or about 22C. WHERE DID (If In Baltimore City, give exact locotion) ice bldg., etc.) INJURY OCCUR?	
	22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
		OT WHILE WORK	
	23.	WORK E	
	I certify that I held an Inquiry Inspection A	utopsy and that on this basis, deoth in my opinion	
	resulted from: Natural causes K Accident Suic	ide Homicide Undetermined monner	
		CHIEF MEDICAL EXAMINER	
	ACTUAL TIPLE AS TO THE	D. ASSISTANT MEDICAL EXAMINER X	
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 2/5/68	
	NAME (Type) Werner U. Spitz, M.D.		
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or caunty) (Stote)	
	REMOVAL (Specify)	Balto., Md.	
	Burial 2-7-1968 Woodlawn Cem	25C. FUNERAL DIRECTOR ADDRESS	
	EEB 5 1968 Of Let 2, 1964	Wm. Cook-Brooks, Inc. 1217 St. Paul St. Balto., Md. 21202	
		1217 St. raul St. Balto., Mu. 21202	

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

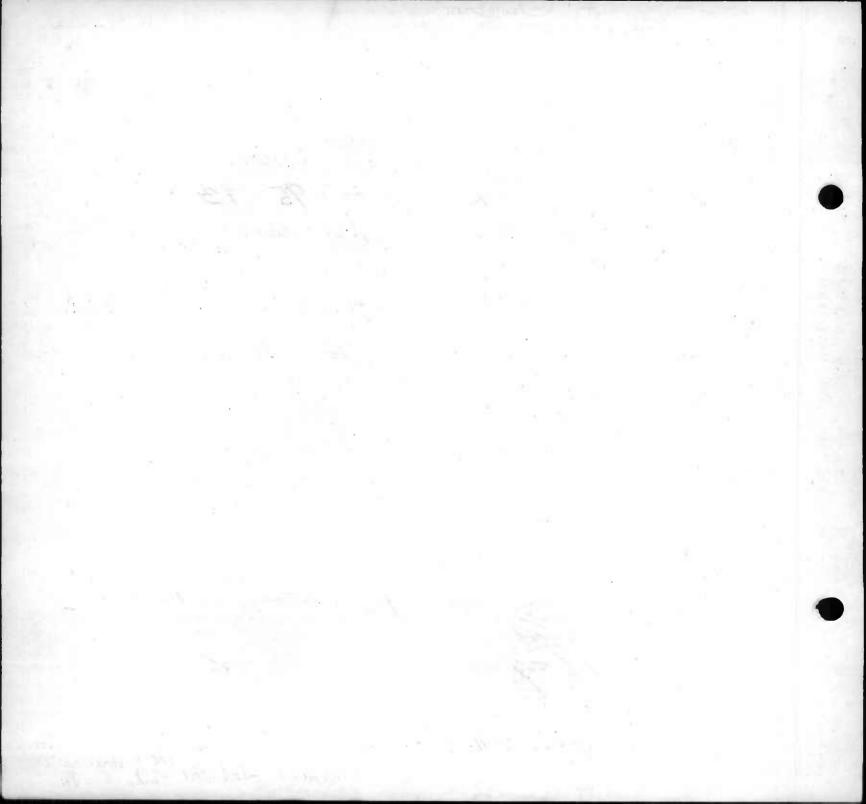
	00 3	A A D BALTIMORE CITY HEA	LTH DEPARTMENT	
BID	68- <u>1</u>	CERTIFICATE	OF DEATH	REG. NO. 1443
1, N	NAME OF DECEASED A FAIR	Marall	2. DATE AND HOU	YR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD 4. U	SUAL RESIDENCE (Where decent	osed lived If institution: residence before admission)
FU H C	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	7 g / Dalt	D. INSIDE CITY LUMIS?
N. C.	1111 (Sinian b	lemoval	Bart.	YES NO
L	44 00000	tosp E.S	TREET AND NUMBER UNI	W. Parkuay
5.	SEX F 6. RACE WIDON	THEVER MARKIED	TE OF BIRTH 9. AGE lost birth	(In years If Under 1 Yr. If Under 24 Hrs. Months Doys Haves Min.
	A, USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if retired)	. ~	HRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUNTRY?
	Housevite	Home	& Balto, Md	. 4.5.9
13.	FATHER'S NAME	1 / 1	D /	y ,
15.	Was Deceased Everlin U. S. Armed Forces?	16. 50CIAL 17. II	NFORMANT Thomas N. C.	Lasek
(Ye	es, no or unknown) (If yes, give war ar dotes of serv	SECURITY NO.	SOM TO	00 Boch Part Acc
	1B. 47 X 1	CAUSE OF DEATH	1 . (,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Accuration To	men monez
	(This does not mean the mode of dying, heart loilure, osthenio, etc. It means the dise			O 1
	injury or camplication which caused death.)		Emplysenia	1) lunes
	ANTECEDENT CAUSES	(B)	1 1	1 5
	DISEASES OR CONDITIONS, il any, gi rise to the above cause (A) stating UNDERLYING CONDITION last.		NSEQUENCE OF:	mox
TION	3-27, / II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF T			
RTIFICA		OR WHICH OPERATION 2	DA. AUTOPSY? (Yes or No.) 20B, IN C	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
AL CE	21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in ar a home, form, foctory, street, office bets.)	bout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, give exact location)
U				
AEDIC	OF INTILIPY	21 E. INJURY OCCURRED	21.F. HOW DID INJURY O	CCUR?
MEDIC	OF INTILIPY	21E. INJURY OCCURRED While At Not While At Work	21.F. HOW DID INJURY OC	CCUR?
111	(APPROX.) 22. I certify that (N (this haspital) attend	While At Not While At Work	1/3/ 1965	10 2/4 19 68.
MEDIC	(APPROX.) 22. I certify that (N (this haspital) aftend that (1) (we) last saw the deceased alive	While At Not While Not Work at Work at Work and work and work and work and work and work at work and work at work and work at work and work at work and work	1965 1968 and that in (n	2 14 16
144	22. I certify that (N (this haspital) oftend that (1) (we) last saw the deceased alive and haur and from the causes stated above	While At Not While Not Work at Work at Work and work and work and work and work and work at work and work at work and work at work and work at work and work	1965 1968 and that in (n	to 19 68, my (aur) opinian death accurred an the date
144	(APPROX.) 22. I certify that (N (this haspital) aftend that (1) (we) last saw the deceased alive	while At Not While At Work Not Work Not While At Work Not Work N	1965 19 and that is a the bady after death.	10 2/4 19 68.
144	22. I certify that (N (this haspital) attend that (1) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE	while At Not While At Work Not Work Not While At Work Not Work Not While At Work Not Work Not While At Work Not Wo	1960 and that is (not be bady after death.	to 19 68, my (aur) opinian death accurred an the date
144	OF INJURY (APPROX.) 22. I certify that (N (this haspital) aftend that (1) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE	while At Not While At Work Not Work Not While At Work Not Work Not While At Work Not Work Not While At Work Not Wo	1960 and that is a the bady after death. Med. Shaff Phys.	to 19 68, my (aur) opinian death accurred an the date
	22. I certify that (I) (this haspital) aftend that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIALYS DR BARRY J WECKESSER	while At Not While At Work Not While At Work Not While At Work Not While Not While	19 and that is (not be bady after death. Med. Staff Phys.) Mooress MENOR	ta 24 19 68, ny) (aur) opinian death accurred an the date 23B. DATE SIGNED 2/4/68 VANANOSE RAT UZO
24/	22. I certify that (N (this haspital) aftend that (1) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE DR BARRY J WECKESSER A. BURIAL CREMATION, REMOVAL (Specify) BULLIA 24B. DATE 24	while At Not While At Work Not While At Work Not While At Work Not While Not Work Not While Not Work Not While Not Work Not Work Not While Not Work Not While Not While Not Work Not While Not Work No	19 Colony MENOR	(City, town, or county) 19 19 23B, DATE SIGNED 274 28 29 20 (City, town, or county) (Stote)
¥ 24/	22. I certify that (N (this haspital) aftend that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S DR BARRY J WECKESSER A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24. JACO	while At Work At Work Control of the deceased from the control of the deceased from the control of the control	Med. Shoff Phys. ME NORY 24D. LOCATION Soft Phys. 24D. LOCATION	ta 24 19 68, ny) (aur) opinian death accurred an the date 238, DATE SIGNED 2/4/68 VANANOSE (RA) (VI)

Agraphic man

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	7-656 60-11		HEALTH DEPARTMENT	CE	- 4 A A A
	00 13	44 CERTIFICA	TE OF DEATH	REG. NO.	3- 1444
	I. NAME OF DECEASED	2 44-		HOUR OF DEATH	
	(Type or Print) EUGENE	TURNER	2.1	1.68	12:13 am.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROM	OUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institution: Y	residence befare odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	In INCIDE CITY	24-01
		10	Betimer	2/22 YES	NO
7	Gertheron Hope	fal	E. STREET AND NUMBER	Charu. Alm	ol
de.			B. DATE OF BIRTH 19.	AGE (In years II Und	der 1 Yr If Under 24 Hrs.
E	S. SEX 6. RACE 7. MARRIE WIDOWI		6-9-95	ost birthdov Month	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	n country) 12, CI	TIZEN OF WHAT COUNTRY?
disposition	Retruct R	El	Marylan	of t	11/4
200	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
dis	UN		UN		
	IS. Wos Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (II yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	70	ADDRESS
final		CAUSE OF DEAT	MENIS	-00 pisa- 421	APPROXIMATE INTERVAL
0	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	1 01	1040	BETWEEN ONSET AND DEATH
balmed	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE / 1 /	CVD	2 hours
盲	(This does not mean the made of dying, e. heart failure, asthenio, etc. It means the diseas	g., DUE TO, OR AS	A CONSEQUENCE OF:	-8804000077937-7907-1907-1907-1907-1907-1907	
emp	injury ar complication which caused death.) ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if ony, givi	(B)	A CONSEQUENCE OF:		
are	rise to the above couse (A) staling I	he			
remains	4 4 3 X	(C)		4	
E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN		auou and	enseul	
9	TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FO		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	CONSIDERED
the	WAS PERFORMED	K WHICH OFERATION	Zon. Adiorsi: (les di No.	IN CERTIFYING CAUSES OF	F DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore City, g	rive exact lacotian)
	DEATH (notify medical exominer)	etc.)			
ained	S OF INJURY	21E. INJURY OCCURRED While At Not Whil	21 F. HOW DID INJU	RY OCCUR?	
	(APPROX)	Work At Work		19	507
obt	22. I certify that (I) (this hospital) attended	12/6	2,68.0 an		8. / A 19
pe	that (I) (we) lost sow the deceased alive a			t in(my) (our) opinion de	eoth occurred on the dote
must	ond hour ond from the causes stoted obove	, (I) (We) (did) (did not) v	riew the body offer deofh.	238. D	ATE SIGNED
E	1- / Cape	Phys	ending Med. S	Shaff Phys.	.2-68
approval	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
pro	E. RAFEL	DEGREE			
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City, town,	, ar caunty) (State)
ritten	Busial 2/6/68 R	Olling GREE	es. VII	STELLESTIER	PA.
i.	25A. DATE REC'D BY HEALTH DEPY. 25B. NAM		25C. FUNERAL DIRECTOR	T) 100 E	HORITER ST.
}	VS 150-REV. 1/1/6B	· · · · · · · · · · · · · · · · · · ·	IEMMAUEL -	JOHNSON Phil	Pa



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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1 211/	BALTIMORE CITY	HEALTH DEPARTMENT		66
5-346 68-1.	445 CERTIFICA	TE OF DEATH	REG. NO.	68-1445
BIRTH NO.	2 20 OLKIII O		D HOUR OF DEATH	
(Type or Print) GERTRUDE M.	AY STAYL		3-68	10:4V-10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When		stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITE? 4-63
10/	15	BOLTIMOR	20	YES NO
STRANKLIN SQUARE	HOSPI TOI	E. STREET AND NUMBER	· COMBA	RO
t M	RIED NEVER MARRIED WED DIVORCED	9-9-1887	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar forei	gn cauntry)	12, CITIZEN OF WHAT COUNTRY?
dane during most af warking life, even it retired)	(57/NGI)	NEW VERSE	3	450
13. FATHER'S NAME	5 -	14. MOTHER'S MAIDEN NAM		
PARRETT TERPENI	16	GERTAD.	FROLIC	
15. Was Deceased Ever in U. S. Armed Farces? (Yes,na ar unknawn) (If yes, give war ar dates af sen	SECURITY NO.	17. INFORMANT Charle	s E. Rice	Jr.,7715 Ruxwood Rd Towson Md 21204
18. / / 0 9	CAUSE OF DEAT		MANAMANA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		MYOCARDIA	L INFARCT	
(This daes not meon the made of dying,		A CONSEQUENCE OF:		6
heart foilure, osthenio, etc. It means the dis injury ar complication which coused deoth.)	eose,			
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any, g		A CONSEQUENCE OF:		
rise Ia lhe obave cause (A) stating UNDERLYING CONDITION last.	(C)			
_ 420,1 II				7
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, foctory, street, a etc.)	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21D. TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not While At Work	е		
22. I certify that (I) (this hospital) attend	ded the deceased fram	1-30- 1	1968 to 2	- 3 168.
that (I) (we) last saw the deceased alive	an	3 19 68 and the	at in(my) (aur) apir	nian death accurred an the date
and haur and fram the causes stated aba	ve. (1) (We) (did) (did nat) v	riew the bady after death.		
23A. SIGNATURE	A 41			23B, DATE SIGNED
John 11 "	DEGREE Phy		Staff Phys.	2-3-68
23C. PHYSICIAN'S NAME (Type)	Leath Mis	23D. ADDRESS	5A 1/An a	the com
THE BUREAU CREWATION 248 DATE	GEGREE GEGREE	TRANKUP	- CONNO	ayour line
REMOVAL (Specily)	4C. NAME of CEMETERY of CR	EMAIURT 24D. LO	OCATION (Cit	ty, tawn, ar caunty) (State)
Burial 2-7-68 25A. DATE REC'D BY HEALTH DEPT. 25B.NA	New Cathedral C	emetery 25C. FUNERAL DIRECTOR	Balto.	Md.
EER 5 1968 P.P. 1-8.	Jalley MA	1. 1: +1. F	4101 1	Edmondson Minue
VS 150-REV. 1/1/68		Willza.	- 20, 202011	

1272 TABLEST 1884 1884 CHELL TO TENTER OF BELLEGY. 143 ST THE ELEVELLE SAVIEWS HELDED These Property READ V ENNE BY FERRED STREET HOUSE

White . .. will

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

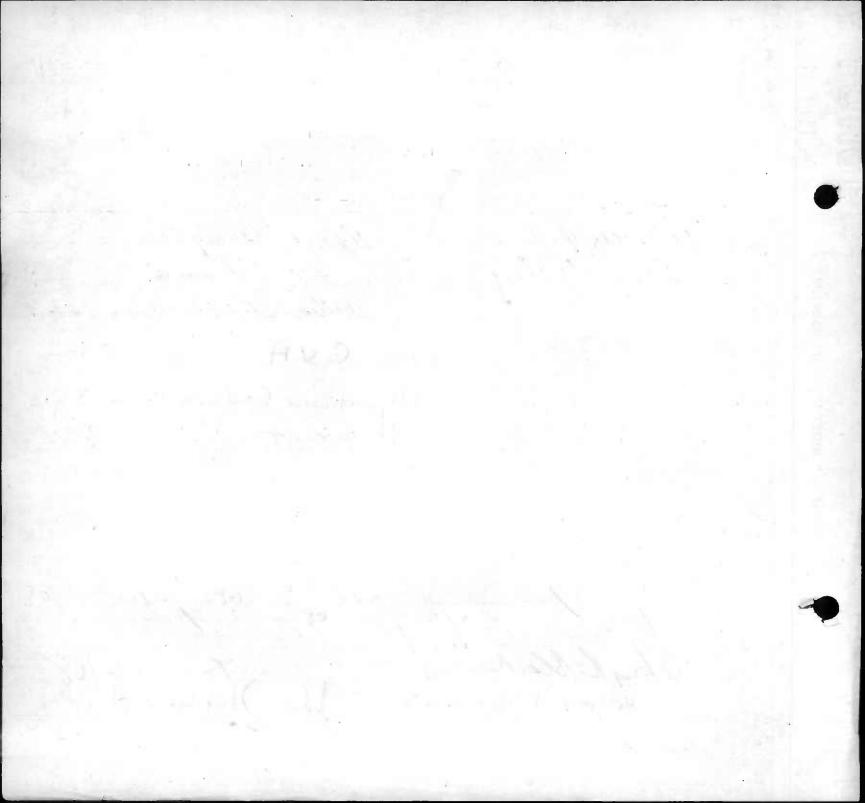
601	68- 144	16
death eased in the Such	BIRTH NO. 1. NAME OF DECEASED	
	(Type or Print) 3. PLACE IN BALTIMORE, MARYLAN	D 1
_ 0 -	FULL NAME OF HOSPITAL OR ADDRESS OR	
ting cause; r attend prior to	33 THE JOHN	s
ad ad	5. SEX 6. RACE	
ermined regular sased p	FEMALE NEGRO	
(4) Undetermined was in regular the deceased prisposition is made.	10A, USUAL OCCUPATION (Give kind o done during most of working life, even if reti	
Und as is	13. FATHER'S NAME	-
الم مرابع	15. Was Deceased Ever in U. S. Arme (Yes, no or unknown) (If yes, give wor or	d Fo
if the	18.	
Also, e of a nounc atten med c	DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart foilure, asthenio, etc. It minjury or complication which ca	ATH e of eons
examin (3) A fra n who in regu	ANTECEDENT CAI DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION last	if (A)
a medica ody burns ne physici sician was	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A-DATE OF OPERATION 19B-WAS 21A-ACCIDENT WAS UNDERLYII	TO PA
= 0 0 0	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	
the hospita ny nature; except who and (6) No obtained bo	21 D. TIME (Month) (Doy) (1) OF INJURY (APPROX.)	Y eor)
	22. I certify that (1) (this hose that (1) (we) last saw the dec	
d to t of ital ital	and have and from the causes	
cident of cident of hospital to death)	23A. SIGNATURE	1
was released to An accident of L. at a hospital prior to death)	23 C.PHYSI CIAN'S	n
y was re 1) An acc 3. A. at a d prior t approva	NAME (Type) HENRY	1
	24A. BURIAL CREMATION, 24B. DAT	E
the body shows: (1) was D.O., deceased written a	25A. DATE REC'D BY HEALTH DEPT.	0/0
sh w	FEB 5 100	8

1068

VS 150-REV. 1/1/68

) C) 3	5 0 0
ATH	REG. NO.	10-	401
			" "F "

1. NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
Type or Print)	MARY BAYLOR	2/2/68	9:12
3. PLACE IN BALTIMORE, MARY	AND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institution; residence before admi-
		A. STATE B. COUNTY	7-45
HOSPITAL OR ADDRESS	I HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)	C. CITY OR TOWN	To the los can thrus
INSTITUTION			D. INSIDE CITY LIMITS?
22		E. STREET AND NUMBER	YES NO NO
IHE JO	HNS HOPKINS HOSPITAL	833 N. CAROLINE S.	
5. SEX 6. RACE	7. MARRIED ALEXED MARRIED M		
	7. MARRIED NEVER MARRIED X	lost birthdoy)	
	O WIDOWED DIVORCED DI		
done during most of working life, even		RT 11. BIKINFLACE (Stote or foreign country)	12. CITIZEN OF WHAT COU
Housewi	Re	Hansver (water	illa.
13. FATHER'S NAME		Y4. MOTHER'S MAIDEN NAME	
mon	111, 1	P.I'	
15. Was Deceased Ever in U. S. A	rmed Forces? 16, SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give w	or or doles of service) SECURITY NO.	6,1,11	1 700 1
	V	William Day	or- Mechanic Review
18.	CAUSE OF DEA	ATH	APPROXIMATE INTER
DISEASE OR CONDIT		0.1.0	2- 1
LEADING TO	(A)IMMEDIATE CA	AUSE CV	18 ms
(This does not mean the heart failure, astherio, etc.	mode of dying, e.g., DUFTO OR A	S A CONSEQUENCE OF:	
injury or complication which			
ANTECEDENT	CAUSES	Desteusive Cardis	ras. Disease 34r
DISEASES OR CONDITIO	NS, if any, giving DUE TO, OR	S A CONSEQUENCE OF:	
rise to the above cau		to De Service	10 41
UNDERCTING CONDITION	losi, (C)	19 1200100010	<i>y</i> 3
z 443X	CONTRIBUTION C		
TO THE DEATH BUT NOT RELA	TED TO THE TERMINAL		
DISEASE OR CONDITION GIVE	N IN PART 1 (A). 9B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YE	S, WERE FINDINGS CONSIDERED
	WAS PERFORMED		YING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDE	RLYING T 218 PLACE OF INTIDATE	, in or obout 21 C. WHERE DID (If i	n Baltimore City, give exact location)
OR CONTRIBUTING CAUSE	OF home, form, foctory, street,	office bldg., INJURY OCCUR?	in ballimore City, give exact location)
U			
21 D. TIME (Month) (Doy		21F. HOW DID INJURY OCCUR	??
(APPROX)	While At Work Not Wi		
22 I sortify that (1) (this	hospital) attended the deceased fram	2/2 1968 to	2/2 106
/	/	7.6	
rnat (i) (we) last saw the	deceased alive an	ond that in (my) ((our) apinian death accurred an the
	ses stated abave. (1) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE	10 1		23 B. DATE SIGNED
denal	The Asset of the same of the s	trending Med. Staff Phys.	2/2/1/
23 C. PHYSICIAN'S	OEGREE	23D. ADDRESS	4-100
NAME (Type)	V R. RI sell us	1/ dag	less than
240 BUBIAL CREATANION TO 10	DATE OF NAME OF THE OFFICE OFF	EE Juns 1701	IN SY.
24A. BURIAL CREMATION, 24B.	DATE 24C. NAME OF CEMETERY OF C	CREMATORY 24D. LOCATION	(City, town, or county) (St
Bemond to	16/68	delle	mand la
25A. DATE REC'D BY HEALTH DI	PT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
FEB 5 1	968 R.D. F. E. Jallami	Presibility Elickers	6 1129 9 Martins



NAME OF DE	CEASED		7 CERTIFICA		D HOUR OF DEATH	
Type ar Print)		es Hen	ry Shepperson		ry 31, 1968	2 30
PLACE OF D	EATH IN BALTIMORE, MA		ey oneppercon.	4. USUAL RESIDENCE (Where	e deceased lived. If instit	ution: residence before admiss
				A. STATE B. COUN'	TY	
FULL NAME HOSPITAL OR			give street	Maryland c. city or town (11 outs		and the second
NOITUTITZNI					side city limits, write RUI	(A) and give township)
46	Lutheran Hos	pital		Baltimore D. STREET ADDRESS (IF re	urol, give location)	
10						
. SEX	6. RACE	7 AAADDIED	, NEVER MARRIED	8. DATE OF BIRTH		f Under 1 Yr If Under 24
Male	Colored	WIDQWE	D, DIVORCED (specify)			f Under 1 Yr. If Under 24 Nanths Days Haurs Mir
OA. USUAL OC	CUPATION (Give kind af work	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fareig	gn cauntry)	12. CITIZEN QF
one during most o	f working lile, even if retired)	Edgew	ood Arsenal	Charlotte Cour	t House, Va	WHAT COUNTRY?
3. FATHER'S NA		Lugem	JOG AT SELIGI			01017
				14. MOTHER'S MAIDEN NAM Sarah Brown	A E	
	rles Henry She		1	Saran brown		
5. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	W-II	2. 2011106/	217-07-4368	Mrs. Lena C. Sh	epperson 1729	9 Poplar Grove
1B. 410	1 1 I		CAUSE O	FDEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION DIR	RECTLY	<u></u>	remark n. n	1	ONSET AND DEATH
(Th:	LEADING TO DEATH			many Ocche	2012	4 locafor
heart failure	nal mean the made of , asthenia, etc. It means	the disease				
	mplication which caused			_		1
111017 01 00						
111017 01 00	ANTECEDENT CAUSES		(B)			***************************************
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	any, giving		***************************************		
DISEASES	ANTECEDENT CAUSES	any, giving				
DISEASES rise to II UN DERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.	any, giving				
DISEASES rise la II UN DERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last.	any, giving stating the	(C)			
DISEASES rise la II UN DERLYIN OTHER SIGN TO THE	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last,	any, giving stating the	(C)			
DISEASES rise Ia II UN DERLYIN OTHER SIGN TO THE II DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last, / II IIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I' F OPERATION [198. CON	any, giving stating the ONTRIBUTING TO THE TO THE TO THE TO THE TRANSPORTER TO THE TRANSP	(C)	20 A. AUTOPSY? (Yes or No)		
DISEASES rise Ia II UN DERLYIN OTHER SIGN TO THE II DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if of the above cause (A) if CONDITION last.	any, giving stating the ONTRIBUTING TO THE TO THE TO THE TO THE TRANSPORTER TO THE TRANSP	(C)			
DISEASES rise Ia II UN DERLYIN OTHER SIGN TO THE I DISEASE OR 19A-DATE O	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) IG CONDITION last.	any, giving stating the ONTRIBUTIN TED TO THE T. DITION FOR FORMED	(C)	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUSE	
DISEASES rise la II UN DERLYIN OTHER SIGN TO THE II DISEASE OR 19 A. DATE O 21 A. ACCIDIO OR CONTRIB	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last, / II IIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I' F OPERATION [198. CON	any, giving stating the ONTRIBUTIN TED TO THE T. DITION FOR FORMED	WHICH OPERATION B. PLACE OF INJURY(e.g., in me, form, foctory, street, of		208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
DISEASES rise Ia II UNDERLYIN OTHER SIGN TO THE I DISEASE OR 19A. DATE O 21A. ACCIDI OR CONTRIB DEATH (notif	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION last, II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stating the ONTRIBUTIN TED TO THE TOTAL TO	WHICH OPERATION B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, of	20 A. AUTOPSY? (Yes or No) is or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	208. IF YES, WERE FIN IN CERTIFYING CAUSE (If in Bottimore C	DINGS CONSIDERED S OF DEATH?
DISEASES rise Ia II UN DERLYIN OTHER SIGN TO THE II DISEASE OR 19 A. DATE O 21 A. ACCIDIO OR CONTRIB DEATH (notif	ANTECEDENT CAUSES OR CONDITIONS, if one above cause (A) if the condition last.	ONTRIBUTIN TED TO THE T. DITION FOR Hori	WHICH OPERATION B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, of	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID fice bldg,, INJURY OCCUR?	208. IF YES, WERE FIN IN CERTIFYING CAUSE (If in Bottimore C	DINGS CONSIDERED S OF DEATH?
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68- 1448

BIR	TH NO.									KEG. NO			
	NAME OF DEC	EASED					2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
(111	01 1 111117		JAMES	HAMI	LTO	N	OF DEATH	Estimoted X	January	7 28, 1	.968		M.
4. 1	PLACE IN BAL					UNCED DEAD	3. DATE	UINICED DEAD	Month	Doy	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPITA	L OR INST	TUTIC	ON, GIVE STREET		RESIDENCE (When	January			12:05	
	00	338 Pı	cessman	Stre	et		A. STATE	Maryland		COUNTY	1	0	1
6.	SEX	7. RACE		8. MARR	IED [NEVER MARRIED	C. CITY O	RTOWN	D	INSIDE CIT	LIMITS?		
	Male	1	egro	WIDOW	ED [DIVORCED		Baltimore	2	YE	s X	NO 🗌	
	ug 14.		10. AGE (In lost birthday	yeors)	If Un Month	der 1 Yr. If Under 24 Hrs. ns, Doys Hours Min.	E. STREET	AND NUMBER 338 Press	man Stre	et			
	BIRTHPLACE (S				12. C	ITIZEN OF	13. FATHER	S'S NAME	^				
D	aytnn, (Ohio			W	HAT COUNTRY?	Lef	Hamilton					
14A	USUAL OCCU	PATION (G		4B. KIND		USINESS OR INDUSTRY			ME				
	eduring most of v Painter	vorking life, e	even if retired)	Edmo	nda	le Apts	Gert	rude Jone	c				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL	18. INFOR		<u> </u>	AD	DRESS		
(Yes	, no or unknown) NO	(If yes, give	wor or dotes	of service)		SECURITY NO. 220-05-3874	Mrs.	Estelle H	amilton	3403 1	Forest	t Park	Ave
	19. 3. 3	9 1				CAUSE OF DEAT					A	PROXIMATE IN	TERVAL
	DISEAS	E OR CON	DITION DIREC	TIV									
		LEADING T				(A)IMMEDIATE C	ALISE A	Acute ethy	lism				
	heort foilure	, osthenio, et	e mode of dyi tc. It meons the nich coused deo	diseose,		DUE TO, OR A						### ##################################	
	injory or con	inplication wi		,,				-					
		NTECEDEN		0111110		(8)	AS A CONS	QUENCE OF:					
	RISE TO THE	ABOVE C	TIONS, IF ANY AUSE (A) STAT	ING THE		DOE 10, OK /	43 A CONSI	QUENCE OF:					
Z	UNDERLYIN	NG CONDI	TION LAST.			(C)							
H	3221	9	II				200						
CERTIFICATION	TO THE DEA	ATH BUT NO	ONDITIONS CO	THE TERMI	ING								
TE			N GIVEN IN PA		FOR V	WHICH OPERATION WA	S PERFOR	MED			21 AUTC	PSY? (Yes o	r No)
B	1				, O.K.	THE CHERRICAL TO	J . EKI OKI	WED .					,
CAL	22A. FXTER	NAL CAUSE	F WAS	1	22B P	LACE OF INJURY (e.g.,	in or about	22C WHERE DID	(If in Baltimore C	ity give ever		es	
EDIC	UNDERLYING	OR COL	NTRIB-		home,	form, foctory, street, office	bldg., etc.)	INJURY OCCUR?	(II III DOILIMOTE C	ity, give exec	rioconony		
ME	UTING L CA		ATH. (Doy) (Yeor) (Hour) 22	E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCUR?				
	OF INJURY (APPROX.)		(,,		w	HILE AT NOT	WHILE						
	23.				m. W	ORK L AT W	ORK L	1127			-		
	I cert	ify that I	held on Ir	quiry [Inspection Aut	opsy X	and that an	this basis, de	ath in my	pinion		
	result	red from:	Notural cou	ses X	Ac	cident Suicid	е 🗌 Н	omicide 🗌	Undetermined	monner []		
		0	1 1	1	6	. /		CHIEF MEDICAL	EXAMINER _]		DATE SIGN	IED
	SIGNATI		has	J	7	The M.D	ASS	ISTANT MEDICAL	EXAMINER X			DATE SIGN	IED
	EXAMIN NAME (T	OIL	arles S	. Spr	ing	gate, M.D.	ASS	OCIATE MEDICAL	EXAMINER _	Janua	ry 29	, 1968	
	A. BURIAL CREA		24B. DATE		240	NAME of CEMETERY	or CREMAT	ORY 24D	LOCATION	(City, town,	or county) (Slot	e)
KE	Burial	7)	2/2/68		Mo	ount Auburn C	emeter	у Ва	ltimore		Maryl	and	
25/	. DATE REC'D				AME	OF REGISTRAR		FUNERAL DIRECT	OR	AE	DRESS		
	FEE	0 1	968 (1)	Bul	2	, talkyta	Her	bert E. N	lutter 3	035 W.	Nort	h Ave	

68- 1449 MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH REG. NO. 68- 1449	
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED Montvidas (Montividas) 2	DATE Known Month Doy Yeor Hour	
PRANAS (FRANK) MONSOSOS	DEATH Estimated 1 30 68 5:55 p	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION)	January 30 1968 5:55	
-	A. STATE B. COUNTY	n)
6. SEX 7. RACE B. MARRIED ALEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?	
The state of the s		
Male White WIDOWED DIVORCED	Balto. YES X NO L	de.
1-7 1915 last birthday) Manths Doys Hours Min.	10.00	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 1.	806 W. Lombard St.	
LITHIAN A WHAT COUNTRY?		
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 1	5. MOTHER'S MAIDEN NAME	
done during most of Rocking life, even if retired) 170 Tell		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	B. INFORMANT ADDRESS	
(Yes, no ar unknown) (If yes, give, wor or dotes of service) 214 38 2766	PERSONAL PAPERS.	
19. CAUSE OF DEATH	APPROXIMATE INTER BETWEEN ONSET AND	
DISEASE OR CONDITION DIRECTLY	DELITED STOLE AND	DEAIII
LEADING TO DEATH	USEChronic lung disease	
(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	A CONSEQUENCE OF:	1000000
injury ar camplication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS	S A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
E 527.2 "		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
C)	PERFORMED 21. AUTOPSY? (Yes or N	Nol
B A SALE OF GLAMMON ASSESSMENT OF EXAMENT OF	TEN ONNES	
228. PLACE OF INJURY(e.g., in	ar about 22C. WHERE DID (II in Boltimore City, give exact lacation)	
O UNIDERLY INCOME CONTRIB	oldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT W AT WO	HILE	
23.	ж. 🔲 [
I certify that I held an Inquiry Inspection Auta	psy 🔀 and that an this basis, death in my apinian	
resulted fram: Natural causes X Accident Suicide	Homicide Undetermined manner	
I A That	CHIEF MEDICAL EXAMINER DATE SIGNED	D
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson M. D. 24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY of	January 31, 1968 CREMATORY 24D. LOCATION (City, Jown, or county) (Stote)	
REMOVAL (Specify)	C En a A Brade	
120.11.	LOCG FUNITRAL DIRECTOR OF ADDRESS	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Thomas & Kenny Mu Bello M. d	
FED B 1300 OLD WO C.	Thomas Kenny the Belto M9	
VS 151-REV. 1/1/6B		

8-5-1919 16 FITH WAY IS KITE (12 HOLD) 1 1188881 No No Thomas Thomas Inpuss. 42/18 Lowen Pen Con Religion Res 100 Themos Le non from Beech West

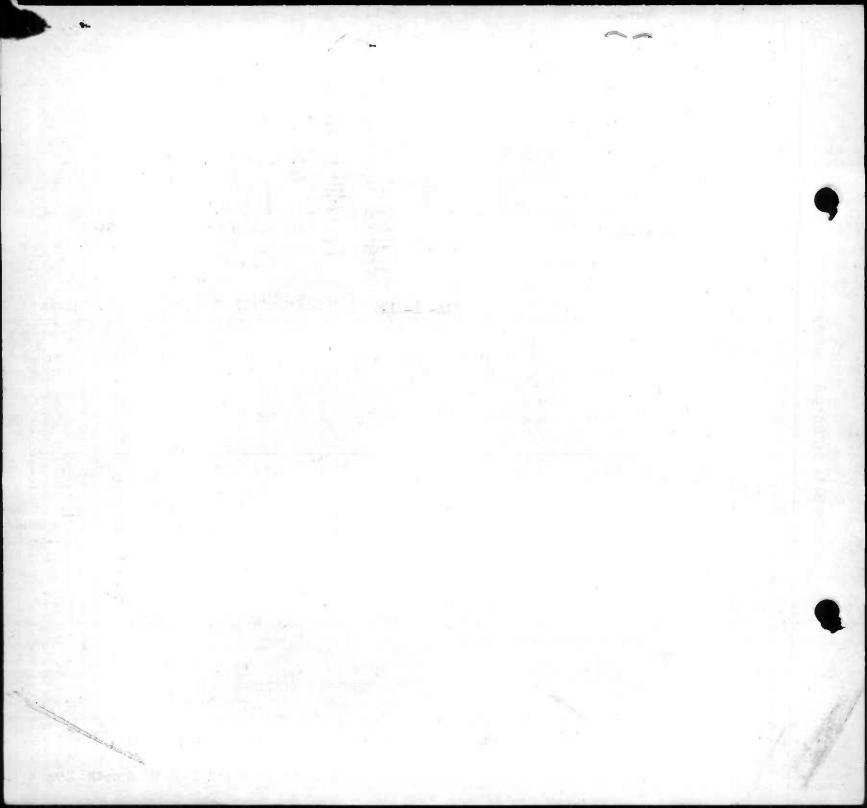
This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

	AME OF DECE	Vasta	arriel	Vone		1/29/68		9 5
FU	LL NAME OF		TAL OR INSTITU	JTION, GIVE STREET	A. STATE MARYLAND	(Where deceased lived, If	institution: resi	dence before
INS	STITUTION	BATTITADAE			C. CITY OF LOWN	E D. IN	VES TO	
	31	4940 EASTI BALTIMORE			E. STREET AND NUME 819 W. F		1201	NO L
	MALE	6. RACE NEGRO	7- MARRIED [WIDOWED [DIVORCED [B. DATE OF BIRTH 4-8-19	9. AGE (In years lost birthdoy)	If Under 1 Months; D	
done	during most of w	PATION (Give kind of wo rarking life, even if retired) Loyed	k 10B, KIND OF	BUSINESS OR INDUSTRY	NORTH C	AROLINA	12. CITIZEN	OF WHAT
13.	FATHER'S NAN	ALLEN			14. MOTHER'S MAIDEN	NAME		TEN
15. Yes	Was Deceased s, no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or do	es of service)	16. SOCIAL SECURITY NO. 214-24-812	7 4940 EASTER	HMAREN GETYAH		DDRESS
	heort loiture, of injury or comp	of meon the mode of pathenia, etc. It mean offication which couse NTECEDENT CAUSE	s the disease, d death.)		A CONSEQUENCE OF:	J		
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ERTIFICATI	heort loilure, of injury or comp A DISEASES OF THE UNDERLYING OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19A-DATE OF	osthenio, etc. It meonolicotion which couse INTECEDENT CAUSE R CONDITIONS, if above couse (A) CONDITION lost. II CANT CONDITIONS CO I BUT NOT RELATED TO DIDITION GIVEN IN PA OPERATION 198. CO WAS PE	s the disease, d death.) ony, giving stoling the ONTRIBUTING THE TERMINAL RI (A), NOTION FOR WARFORMED	(B)	S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes YES	IN CERTIFYING C	AUSES OF DE	ATH? YES
CAL CERTIFICATI	heort loilure, cinjury or comp A DISEASES OF STATE OF STATE OF COMPANY OF C	osthenio, etc. It meon plicotion which couse intecedent cause in couse (A) conditions, if above couse (A) condition lost. CANT CONDITIONS COUSE (A) TO THE CONDITION PARELATED TO ONDITION GIVEN IN PARELATION [198. CO	s the disease, d death.) ony, giving stoling the DNTRIBUTING THE TERMINAL RI I (A). NOTION FOR WAFORMED	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) PHICH OPERATION PLACE OF INJURY (e.g., e. form, factory, street, c.	A CONSEQUENCE OF: S A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CO. AUSES OF DE.	ATH? YES
ICAL CERTIFICATI	heort loilure, of injury or comp A DISEASES OF TISE TO THE DEATH TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify)	DISIDENTIAL PROPERTY OF THE PR	s the disease, d death.) ony, giving stoling the stoling the DNTRIBUTING THE TERMINAL RI I (A). NOTION FOR WIFORMED 218. hometc.] (Hour) 21E.	(B)	20 A. AUTOPSY? (Yes YES in or obout 21C. WHERE D infice bidg., INJURY OCCL	IN CERTIFYING C	AUSES OF DE	ATH? YES
MEDICAL CERTIFICATI	heort loilure, of injury or comp A DISEASES OF THE COMPANY OF THE PARTY OF THE PA	osthenio, etc. It meonolicotion which couse INTECEDENT CAUSE R CONDITIONS, if above couse (A) CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. CO WAS PE T WAS UNDERLYING TING CAUSE OF medical examined (Month) (Doy) (Year	s the disease, decorated death.) ony, giving stoling the stoling	WHICH OPERATION PLACE OF INJURY (e.g., e, form, factory, street, complete to the control of the	20A. AUTOPSY? (Yes YES in or obout 21C. WHERE Coffice bldg., INJURY OCCU	IN CERTIFYING COUR? O INJURY OCCUR? 19	causes OF DE.	exact location)
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MEDICAL CERTIFICATI	heort loilure, of injury or comp A DISEASES OF THE UNDERLYING OTHER SIGNIFIE TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBUT DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	Desthenio, etc. It meonolicotion which couse INTECEDENT CAUSE R CONDITIONS, if above couse (A) CONDITION lost. II CANT CONDITIONS CO A BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. CO WAS PE T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Yeoro That II) (this haspite last saw the deceas fram the causes sto	ony, giving stoling the only giving the only g	VHICH OPERATION PLACE OF INJURY (e.g., e, form, factory, street, complete At Mork At Work At	20A. AUTOPSY? (Yes YES in or obout 21C. WHERE Coffice bidg., INJURY OCCU 21F. HOW DH 21F. HOW DH 21F. HOW DH 22F. HOW DH 23D. ADDRESS A1 23D. ADDRESS A2 24 24 25 25 26 27 27 28 28 29 29 20 20 20 20 20 20 20 20	IN CERTIFYING COUR? OID (If in Baltim DINJURY OCCUR? 19 ta	pinian death	exact location)

VS 150-REV. 1/1/6B

Adolphus Halstead 1206 W

ADDRESS N orth



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68- 1451
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. 68- 1451

BIF	TH NO.											KEG.	. 140				
	NAME OF DEC						2. D		Knawn 🗌	1	Manth	Day	1	Ye	ar Hour		
(.)	ME ME	LVIN				COOPE		OF EATH	Estimated [Febru	ary	2,	1968	7:	1.5	P . M.
4.	PLACE IN BALT							ATE	INICED DEAD	1	Manth	Doy	/	Ye	or Hour		
FUI	L NAME OF	(IF NOT	IN HOSPITA	AL OR INS TION)	MOITUTITE	, GIVE STREET	PR	KONOU	INCED DEAD]	Febru	ary	2,	196	8 7:1	15 1	P . M.
	NOITUTION	7.00		,					SIDENCE (Wh	nere de				n: reside	nce befare a		
1	0 417	W. Bido	lle St	reet	(DOA	.)	A. ST.	ATE	Maryland	d		B. COU	NTY		1 / 100	0	3
6.	SEX	7. RACE		8. MADE	PIED 🗍	NEVER MARRIED	C. CI	ITY OR	TOWN			D. INSI	DE CI	TY LIMI	TS?		-
	Male	Negro)	WIDOY		DIVORCED		alti	more					- J		1	
9. 1	DATE OF BIRTH					er 1 Yr. If Under 24 H			ND NUMBER				YI	ES X	NO L		
	/23/33		last birthda	y)36		Doys Hours M	in.		W. Bidd		Stroo	+					
	BIRTHPLACE (S	1-1 1 <i>1111111111111111111111111111</i>		30	12 CIT	IZEN OF			S NAME	16 (o cree						
11.	Balti		Md.			AT COUNTRY?	13. 17	AITIEK .	3 IVAME								
				1 40 441													
don	.USUAL OCCUI Helper Helper	PATION (Give orking life, eve	kind af wark en if retired)			SINESS OR INDUS	TRY 15. A			NA ME							
	нетрег			Tru	uck			ELI	nor						5.30		
16. (Ye	WAS DECEASE	If yes, give w	J.S. ARMEL	of service	5? 11	7. SOCIAL SECURITY NO.	18. [[NFORN	ANT					DDRESS	300	-	
	yes (W	W 2		'		Mr	8 B	liner	Br	ickho	use	33	00	Arche	atro	olly
	19.	Q.				CAUSE OF D	EATH								BETWEEN	A PL	DEATH
	DISEASI	E OR CONDI	TION DIPE	CTIV		Du Ima		Tubo	maulaai		\ a + i · ·	^					
		LEADING TO				(A)IMMEDIA			rculosis	S, E	ACLIV	E					
		of meon the							UENCE OF:	- (
	injury ar cam	asthenla, etc. plication whic	h caused de	ath.)													
		OR CONDITION		/ GIVING		(B)	OR AS A C	CONSEC	UENCE OF:						*********		
	RISE TO THE	ABOVE CAL	JSE (A) STA			552 10,	JK AJ A (001100	OLINGE OI.								
Z	ONDEKLAIN	IG CONDITI	ON LASI.			(c)											
CERTIFICATION	002.1		11														
5		IFICANT CON												-			
를 드	DISEASE OR	CONDITION	GIVEN IN P	ART 1 (A)).	e discharle (procesis discharles des ser dis dis dis dis				alleder dys. Mr. B. arman y							
3	20 A. DATE OF	OPERATION	20B. COI	NOITION	FOR W	HICH OPERATION	WAS PER	RFORM	ED					21. A	UTOPSY? (Yes ar	No)
	×														yes		
CAL		NAL CAUSE			22B. PL	ACE OF INJURY (earm, factory, street, o	.g., in ar a	about 2	2C. WHERE DI	D (If i	n 8oltimor	e City, gi	ive exc	act lacati	on)		
MEDI	UNDERLYING UTING CA				nume, ii	arm, ideidiy, sireel, c	mice brag.,	, eic.) II	AJOKI OCCOR	V.I							
Σ	22D. TIME (ay) (Yea	r) (Hav	r) 22E	INJURY OCCURRE	D	2:	2F. HOW DID	INJU	RY OCCL	JR?				- 1	
	OF INJURY (APPROX.)				m. WHI		T WORK										
	23.				111.] 110	KK	II WORK					-	_		-	-	
	l certi	ify that I he	eld on 1	nquiry [nspection 🗌	Autopsy	K	and that or	n this	basis,	deoth 1	n my	opinio	on		
	result	ed from: N	oturol cou	ses X	Acc	ident Sui	cide 🗌	Но	micide	Un	determin	ned mor	nner				
		10000		1					HIEF MEDICA								
	ACTUAL	11105	112	h	7 -	>			STANT MEDICA			X			DATE	SIGN	ED
	SIGNATU		700		/X		M.D.								0 2 (,	
	EXAMINI NAME (T		Verner	U. 5	Ritz	M.D.		A550	CIATE MEDICA	AL EXA	MINER	ш			2-3-68	3	
	A. BURIAL CREA MOVAL (Specif	MATION, 2	48. DATE		24C.	NAME of CEMETE	RY or CR	EMATO	RY 24	4D. LO	CATION	(City	y, towi	n, or co	unty)	(Stote	,)
	Burial		2/7/6	3		National	Come	a t. 2012		Pa?	+4ma	200	M	4			
25	A. DATE REC'D		EPT.	258. N	NAME O	F REGISTRAR	- Cult	25 C. F	UNERAL DIRE	CTOR	· VALUE O	,	A	DDRES	S		
	-	EB 5	1958	(Re	25	E. Failey M.	.a		11.3 -4		200	,	L.				
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A 2	151-REV. 1/1/68								1 10 10 10 10 10 10 10 10 10 10 10 10 10								1/

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VS 150-REV. 1/1/68

1452

	68	5- 1452	CERTIFICATE	OF DEATH	REG. NO	7.1	
					ND HOUR OF DEATH		00
(Type or Print)	ANNIA MARIE	AUGUSTIN	IE		4000	8,	A. M
3. PLACE IN BA			DEAD 4.			nstitution; residence bef	ore odmission)
BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence, A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? YES WE E. STREET AND NUMBER	7-0	1					
	IDE CITY LIMITS?						
	YES NO						
() INIOI	y memorias	LHOSPIPA	2.0		WIND AND	cot	
5. SEX	6. RACE	7. MARRIED W NEV			9. AGE (In years	If Under 1 Yı. If	Under 24 His.
E	W		DIVORCED	11-04-90	lost birthday	Months Doys Hou	urs Min.
	CUPATION (Give kind of work				reign country)	12. CITIZEN OF WH	AT COUNTRY
	of working life, even if retired) SEWIFE			AUSTRIA		USA	
13. FATHER'S NA			14.	MOTHER'S MAIDEN NA	AME		
	WILLIAM	1 BLOS	4	BARRA	IDA SCI	HANO.	
15. Was Deceose	ed Ever in U. S. Armed For	ces? . 16. SO	CIAL 17.	INFORMANT	7/7	ADDRESS	
(Tes, no or unknow	vn) (If yes, give wor or dote	SE OI SERVICE	CURITY NO.	EORGE TH	U6 USTINE	2020 F 100	MRARAS
1B. 7 3	101	13/0-	CAUSE OF DEATH	SEUKUK V K	10603111912	APPROXIMA	ATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		C+ 1	/	BETWEEN ON	SET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAUSE	5 L fres	nontrage	4 41	DAYS
	nal meon the made af e, asthenia, etc. It means		DUE TO, OR AS A CO	NSEQUENCE OF:			
injury ar co	amplication which caused		Short 1	a. C. al		-	
	ANTECEDENT CAUSES		(8) J V CCC (C 4	run Gast	ic oller	2/NO	
	OR CONDITIONS, if the above cause (A)		DUE 10, OR AS A C	I SEQUENCE OF:	0.1	Ya	215
UNDERLYIN	NG CONDITION lost.		(c)	ronary	lol -a		0 2 -
z 540.0		NITE IN LA	•				
TO THE DE	RIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMINAL			******		
19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH	OPERATION	20A. AUTORSYN Yes or	10) 20B. IF YES, WERE	FINDINGS CONSIDER	ED
19A. DATE O	WAS PER			yes			
_ OR CONTRI	ENT WAS UNDERLYING DE BUTING CAUSE OF	home, farm	OF INJURY (e.g., in or , foctory, street, office	obout 210 WHERE DID bldg., INJURY OCCUR?	(If in Baltimo	re City, give exoct locot	ion)
0	ify medical examiner	etc.)					
OF INJURY	(Month) (Doy) (Year)		RY OCCURRED	21F. HOW DID IN	IJURY OCCUR?		
(APPROX.)		While At	Not While At Work				. 0 -
22. I certif	fy that (1) (this haspital	nttended the dec		02-01-	19 08 to		-19 6d
that () (we	e) last saw the decease	ed alive an.	2-5-	19.68 and	that ip(m/) (aur) ap	inian death accurre	d an the date
and have a	ınd fram the causes sta	ted abave (1) (We)	(did nat) view	the bady after death			
23A. SIGNA	TURE	011	MISTAN		s. " -	238. DATE SIGNED	10
-	Saravuf 8	s faire for	Attendin Phys.	Director L	Staff Phys.	2-5-	68
23C. PHYSIC NAME		0 00	23D.	ADDRESS	-/	11 -1	_/
	Saravut Sr.		DEGREE	The Union Me	morial Hospit	+ 95pil 4	
24A. BURIAL CE	REMATION, 24B. DATE	24C. NAME of	CEMETERY OF CREMA		TOCATION TO PRO	ity, fowff, or county)	(Stote)
100 00 1	AL FEB8	68 HOLY	REDEEME		130 BELAI		MD
2SA. DATE REC	D BY HEALTH DEPT.	2SB. NAME OF REG		2SC. FUNERAL DIRECTO	ROSINC 180	ADDRE	
		1000	- Occupable	VILLE LO	K 60 111 - 10 C	NE LUIB	170 31

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BALTIMORE CITY HEALTH DEPARTMENT 68- 1453 REG. NO. CERTIFICATE OF DEATH of death Undetermined cause; (5) Deceased Such BIRTH NO. 2, DATE AND HOUR OF DEATH NAME OF DECEASED Type or Print) Feb. 3, 1968 Stanley R. Kramer, Sr. uo a hospital 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance Maryland contributing cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES X NO Baltimore prior E. STREET AND NUMBER 3716 Chesholm Rd. 3716 Chesholm Rd. # 21216 regular 9. AGE (In years 5. SEX 8, DATE OF BIRTH 6. RACE If Under 1 Yr. Months! Doys If Under 24 Hrs. MARRIED NEVER MARRIED deceased Hours lost birthdoy Dec.2, 1886 WIDOWED X Male White IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Postal Clerk Dartown, Ohio M as 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the (4) Gerber Paul Kramer death kind; 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT 6. SOCIAL ō (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Stanley R. Kramer = 3608 Oak Lane #212D7 CAUSE OF DEATH ounced 0 BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH fracture (This daes not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the diseose, ular Ď injury ar camplication which coused death.) em ANTECEDENT CAUSES h 5 4 DISEASES OR CONDITIONS, if any, giving 3 3 to the abave cause (A) stating the physician UNDERLYING CONDITION lost, Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ! (A) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFIC 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work 22. I certify that (I) (this heapital) attended the decapsed fram that (1) (auce) last saw the deceased alive an. and that in(my) (apinian death accurred an the date and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending | Med. Director L 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify) Baltimore, Maryland Burial Lorraine Cemetery 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Ellsworth Armacost-4600Liberty Hghts. Ave VS 150-REV. 1/1/6B

TOTAL (E.) II. (E. CE') . WIERE

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V. To the second of the second

the body was released to the hospital by a medical

25B. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

REMATORY 15 25C. FUNERAL DIRECTOR

(City, town, or county)

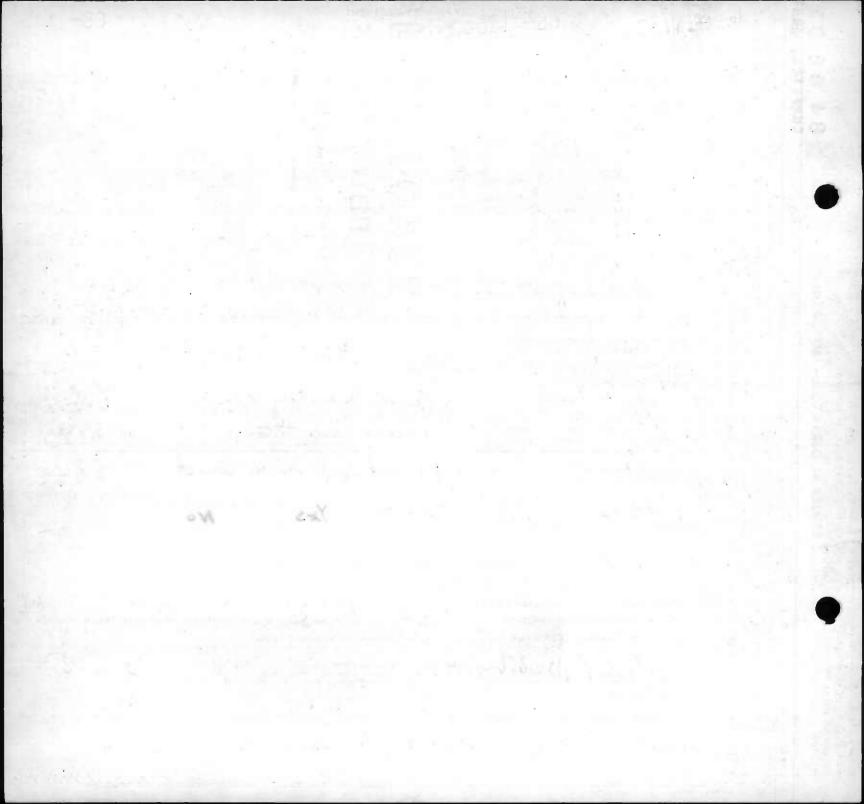
68- 1454

BIRTH NO.			CERTIFICA	IE OF D			
NAME OF DEC	EASED				2. DATE AND HOUR OF	DEATH	
Type of Tillin	ANNA R. CI	IMPSTO	V		2-2-68		1.00 A M
3. PLACE IN BAL	TIMORE MARYLAND, W		JNCED DEAD	A. STATE	B. COUNTY	ived. If institution: UMBTA	residence before odmission)
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TO	WN	D. INSIDE CITY	LIMITS?
	OHNS HOPKIN	VS HOS	PITAL	WASH	IINGTON	YES	NO 🗌
55				1657		ET	20007
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIS	9. AGE (In y	eors If Und Months	er 1 Yr. If Under 24 Hrs. Days Hours Min.
FEMALE	WHITE	WIDOWED [1-27-9			
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign country)	12. CI	1. SA.
3. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME		
	EDWARD CI	JMPSTO	N	1	ANNA RAM	SEY	
5. Was Deceased les, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	T	Kocheste	APDRESS 14610
				EdWAR	14 Cumpsto	N-1600	East Ave
(This does repeated to the control of the control o	SE OR CONDITION DIF LEADING TO DEATH not meen the mode of osthenio, etc. If meons application which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost. I FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR COPPERATION 198. CON WAS PERI	dying, e.g., lhe diseose, deoth.) ony, giving sloting the NTRIBUTING HE TERMINAL TI (A).	(B) Carolio DUE TO, OR AS (C). Post o	a consequence A consequence The Carrent [20 A. AUTOP	toy Cellap extertory	S, WERE FINDING	3 days Colorp 8 days 8 years s CONSIDERED DEATH?
19A. DATE OF	NT WAS UNDERLYING	1 21B	PLACE OF INJURY (e.g.,	in or obout 21 C. V	YHERE DID (If i		
▼ DEATH (notify	JTING CAUSE OF medical examiner	hom etc.	e, form, foctory, street, o	flice bldg., INJU	AT OCCUR?		
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Ile At Not White R At Work	le 🖂	IOW DID INJURY OCCUR	?	
22. 1 certify	that (1) (this hospital) attended t	he deceased from	1-2	1968 to	2-2	19 68
that (I) (we)	lost sow the deceose	d olive an	2-2	19 6	and that in (my)	aur) opinian de	ath accurred an the dat
and hour an	d fram the causes stat	ed above.) (We (did) (did not)	view the body	after death.		
23A. SIGNATI	al C Br	ederbie	1 M-Doegree Phy		Med. Staff Phys.	23B. D/	ATE SIGNED 2 - Z -68
23C. PHYSICH NAME (1		. BRED	ENBERG OEGREE	23D. ADDRESS	JOHNS HOPKIN	NS HOSPI	TAL
24A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town.	or county) (State)

VS 150-REV. 1/1/68

CREMATION 2-6 25A. DATE REC'D BY HEALTH DEPT.

1968



APORTANT	his assistant if death occu	fany kind; (4) Undetermin	nced death was in regu	endance on the deceased	d or final disnosition is me
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occur- the hody was released to the hospital by a medical examiner. Also, if the direct or contri	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermin	was D.O.A. at a hospital (except where the physician who pronounced death was in regu	deceased prior to death); and (6) No physician was in regular attendance on the deceasec	written annex will must be abtained haters the remains are embalmed or find disnocition is me

23/0	68- 1455 BALTIMORE CIT	Y HEALTH DEPARTMENT	68- 1455
- 250		ATE OF DEATH Registered No	00 1400
and eath ased the Such	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
de de s	(Type or Print) DORA WES +	7-1- 68	7 30
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institut	tion: residence before admission)
ospita e of 5) Dec nce o leath.		A. STATE B. COUNTY	
da (5.	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OF TOWN (If outside city limits write RURA	the second to
cause use; (tenda tenda r to d	INSTITUTION	D 0/	Att one give lownship)
- 7 0		D. STREET ADDRESS (If rural, give location)	
iting id cau	Sovai Hespital of Baltimone	5500 Wilvan Ave	,
ibu ibu ine ine d	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF SIRTH 9. AGE (In years If lost birthdoy)	Under 1 Yr., If Under 24 Hrs.
occur ontrib ermin regule eased is ma	F N WICLOWED	11-19-00 67	
	IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12	2, CITIZEN OF WHAT COUNTRY?
or condet	done during most of working life, even if retired)	Bal Limone	U-S. A
de as	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
if d (4) U wa the spos			
di, (di	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
- 0 - 0 0	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	14 My man Motits 2510	Q. 1. C.
assis f th ny ki d d anc anc	214-20-908	3 ms, mary mue 22/3	rended ceres,
his as fo, if fany nced endai	37XX	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
E 0 + E 0 B	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mowary Edema	5 dAYS
Als Als nou att	(This does not mean the made of dying, e.g., DUE TO	monday Latema	
er. ctu pro lar	heart failure, asthenia, etc. It means the disease, injury or complication which coused death,)	1: // / >>	
	ANTECEDENT CAUSES (B) Khe	eumstic Henry Disense	
xami a fr A fr who reg	DISEASES OR CONDITIONS, if any, giving		
a) A	rise to the obove couse (A) stoting the (C)		
	UNDERLYING CONDITION IOSI.		
lical lical rns; sicie was	Z 4/6 X 11		
P P P P P P P P P P P P P P P P P P P	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
TE > D.D O	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FIND	DINGS CONSIDERED
by a by a 2) Bod re the physic fore th	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	IN CERTIFYING CAUSES	OF DEATH?
the dail by (2) ere o physefore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,	, in or obout 21 C. WHERE DID (If in Boltimore Cit office bldg., INJURY OCCUR?	ty, give exoct location)
	V DEATH (notify medical examiner)	Since biag, INJORI OCCOR:	
4 c > 5	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
hos natu ept d (6)	While At Not Whork At Work		
broven ny n exce and		1-28 1968 10 2-1	19 68
		19 69 and that in (my) (Sur opinion	
of o			I dealy accoured on the date
ust be a based to dent of lospital death) must be	ond hour and from the causes stated above, (1) (We) (did) (did not)		B. DATE SIGNED
SOBODE		ttending Med. Stoff	, P
a h	22C BHYSICIANS	hys. Director Phys. 23D. ADDRESS	2-1-60
was r An a prior	N'AME (Type)	1/ 1/ / / /	0./ 2 0
T 4 T	GARY KREPTWAN	Sant Dort We 184	er enc.
F. 0.00 E	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	CREMATORY 24D. UDCATION (City, 1	town, or county) (State)
his certifue body hows: (1) vas D.O. eceased	13 2-1-08 mr www	13 aut /	
the b show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 2222	ADDRESS
*****	1000 Uples E. Carrey	Joseph (com n.	north are
A 9	VS 150+REV, 1/1/65		

Morninge

214-20-9193 Mes. Mary White 2513 Kinder Com

H-5+3

68- 1456 BALTIMORE CITY HEALTH DEPARTMENT

TIOO PYTIMONEC	THE RETURN DELIVERY	00 1100
MEDICAL EXAMINER	'S CERTIFICATE OF I	DEATH REG NO. 1456

BIR	TH NO.		MILD	ICAL	LAAMIIALKS	CLKTIII	CAILOI	DLAIII	REG. N	0		
1. 1	NAME OF DEC	EASED				2. DATE	Known X	Month	Day	Year	Hour	
(Тур	e or Print)	R	AYMOND	H. 1	HAMILTON	OF DEATH	Estimated	January	31,	1968		М.
4. 1	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PR	RONOUNCED DEAD	3. DATE		Month	Day	Year	Hour	
HO:	L NAME OF SPITAL INSTITUTION		T IN HOSPITA SS OR LOCA		TITUTION, GIVE STREET		SIDENCE (Where	January		1968	8:40	P. M.
	- 70 0	25 N. C	arev S	treet		A STATE	Maryland		COUNT	idn: residence	perare dam)
6. 5		7. RACE	are, c		HED NEVER MARRIED	C. CITY OR	TOWN	D.	INSIDE	CITY LIMITS?		-
M	ale	Negr	0	WIDOV			Baltimore			YES K	NO 🗌	
	ATE OF BIRTH	1	110. AGE (In	veors	If Under 1 Yr. If Under 24 Hrs	E. STREET A	ND NUMBER			TES BLI	140	
(0-2.	-02	last birthda	y)	Manths, Days, Haurs, Min	3	325 N. Car	ev Stre	et			
11.	BIRTHPL ACE (S	tate or foreig	n country)		12. CITIZEN OF	13. FATHER		11		1. —		
	MD.	BAL	TO.		WHAT COUNTRY .	JO	HUND	- Hx	MI	LTO	N	
	.USUAL OCCU e during most of w			14B. KIND	OF BUSINESS OR INDUST	RY 15. MOTHER	10	1.6				ed III.
						UI	UKNOU	NN				
16. (Yes	WAS DECEASI	(If yes, give w	U.S. ARMED	FORCES of service	S? 17. SOCIAL SECURITY NO	IB. INFORM	IANT	1 4	T	ADDRESS 204	-11.0	AREL
	yes				212-46-35	48 MA	RCIEI	+ 4MI	-10	N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	St:
	19.4/6	2,91			CAUSE OF DE	ATH					PPROXIMATE WEEN ONSET	
		E OR COND		CTLY	Arter	iosclero	tic card:	lovascula	ar di	isease		
		LEADING TO at mean the		ing e.g	(A)IMMEDIATE	CAUSE	USALOS OF					
	heart failure	, asthenia, etc.	. It means the	disease,	DUE 10, OF	AS A CONSEQ	UENCE OF:					
		OR CONDITIE		GIVING	(B)	R AS A CONSEC	QUENCE OF:					
	RISE TO THE	ABOVE CAL	USE (A) STA	ING THE								
Z	ONDEREIN	TO CONDIN	OIT LASI.		(C)							
AŢĬ	OTHER SIGN	IFICANT CON	II IDITIONS CO	ONTRIBIL	TING							
CERTIFICATION	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL			ana atin'ndra dala ana atin' usaraha atin' dia pika atin' dia dai usaraha atin' 1800 il				n mar mar mar mais mar min
RT					FOR WHICH OPERATION V	VAS PERFORM	ED			21. AUTO	OPSY? (Yes	or No)
	6										No	
MEDICAL		NAL CAUSE		-	22B. PLACE OF INJURY (e.g.			(If in Baltimare C	ity, give	exact lacation)		
ĕ	UNDERLYING			144	hame, farm, factory, street, aff	ice blag., erc.) ii	NJORT OCCORT					
Σ			oay) (Year) (Hou	r) 22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCUR?		- 100		
	(APPROX.)					WORK						
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	result	ted from: N		ses X	Accident Suic			Undetermined		r 🗀		
	ACTUAL SIGN AT		m/	7	Jaset M		CHIEF MEDICAL I		-		DATE SIG	GNED
	EXAMIN	ER'S	-1 - C	Cma	danata M.D.	ASSO	CIATE MEDICAL	XAMINER _			7 \ 70	
24	NAME (T	· · · · · · · · · · · · · · · · · · ·	4B. DATE	. spi	ringate, M.D.	V or CREMATO	DV TOAD	LOCATION	,	bruary		1610) 15 4
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25.	A. DATE REC'D				IAME OF REGISTRAR	25C_F	UNERAL DIRECT	OR		ADDRESS	-	
	F	EB 5	1968	Re	est E. Farley M.B	13	arrier.	Run	27	Carrol	town	an ,
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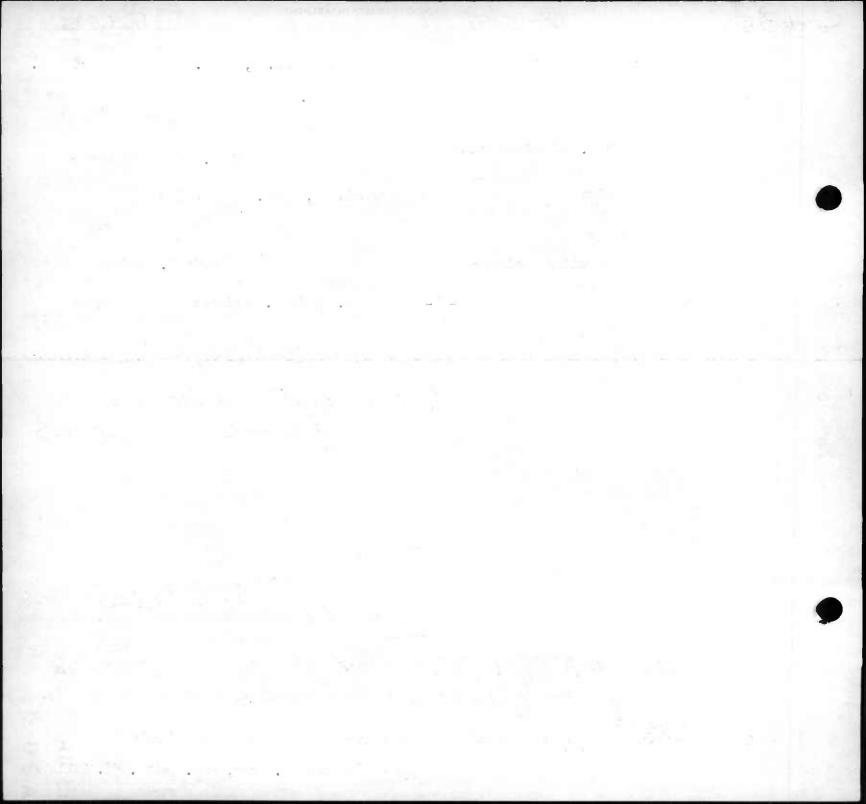
212-46-398 MARCIE HAMILTON 325 W

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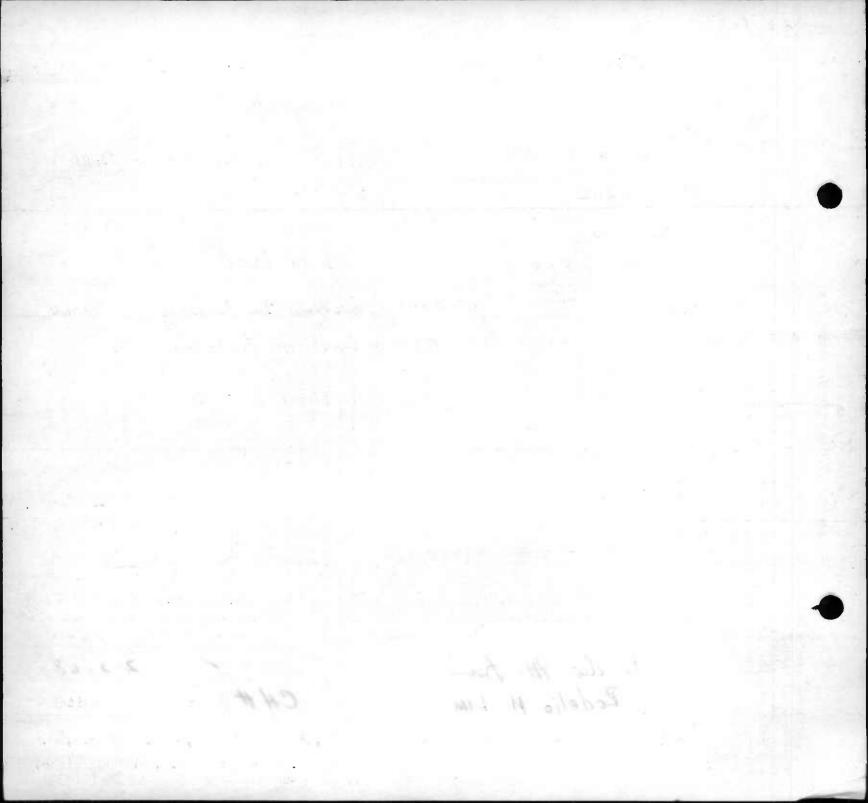
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t be	sed	ent	spit	deat	45116
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deatl	shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	written grannoval must be obtained before the remains are embalmed or final disposition is made.
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tific	* *	(I) A	A.C	d p	25
cer	poq	WS:	0.0	edse	400
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BALTIMORE CITY HEALTH DEPARTMENT 68- 1457 CERTIFICATE OF DEATH BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF OECEASED (Type or Print) Feb. 3, 1968. CAPI TANO SAT.VA TORE 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN Baltimore YES X E. STREET AND NUMBER 917 E. Belvedere Avenue 917 E. Belvedere Avenue 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. 5. SEX 6. RACE B. DATE OF BIRTH 7. MARRIED X NEVER MARRIED lost birthdoy Male White 81 April 14, 1886. WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Italy USA Retired Tailor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Augustino Capitano Maria C. Cariota 15. Was Oeceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 215-07-5138 No Mrs. Maria S. Capitano (Same) CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healt foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the above cause (A) stating the UNDERLYING CONDITION last. 422.1 ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ö 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) MEDI 21 D. TIME OF INJURY (Hour) 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21 E. INJURY OCCURRED Not While While At (APPROX.) At Work Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on. ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not)-view the body after death. 23 B. DATE SIGNED 2 Attending Med. Staff Director L Phys. approval 23 CJHYSICIAN'S 23D. ADDRESS DATE Moreland Pk Mausoleum altimore Maryland 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV, 1/1/6B



1 _1		HEALTH DEPARTMENT
2002	BIRTH NO. 68- 1458 CERTIFICA	TE OF DEATH REG. NO. 68- 1458
ase th th Suc	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
of d Dece	(Type or Print) TOKN C. GREEN DORG 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	2 February 1968 8' 20 Pm.
D O O		A. STATE B. COUNTY
nosp use ; (5) I danc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN DINSIDE CITY LIMITS?
ng cau cause; attend	Church Home & Heepital	Bult, md. YES NO
9 - P - d -	33 BALTIMORE, Md	1190 W. Bolvedere Ave Balto. Wil
ntribu rmine egula ased s mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 15. Months: Doys Hours Min.
n con con con con con con con con con co	done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
dispositie	Michael GREEN berg	14. MOTHER'S MAIDEN NAME Yetta Prop
e di ind; e on al d	TS. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
E TA P SE	No 215-10-5353	mis Elaine Lea Greenling Samo
s grant	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Also e of noun atte	LEADING TO DEATH	re Lymphrcytic Leulsenice
50 - 0	(this does not meen the made of dying, e.g., DUE IO, OR AS heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
ract ract propre	injury or complication which coused dooth.) ANTECEDENT CAUSES	estine Decret ferelevel
A f A h A h C h C r e g	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:
(3) (3) in	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
medical ledical burns; hysicia in was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
chiet Body the p ysicia	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he ch by (2) Bor re th phys	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., i	No in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
tal her her bef	OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	thice bidg., INJURY OCCUR?
ved by hospi nature ept w d (6) f	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
roved to hosp y natural (6) ortained	(APPROX.) While At Not While At Work	
th the contract of the contrac	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive an Fall -	1965 to Tele 2 1965,
0 9 - 3	ond hour and from the couses stated above. (I) (We) (did) (did not)	
dent ospit deat deat	23A. SIGNATURE	23B, DATE SIGNED
50.250	policio M. () m aegree Phy	
0 - 0 - 7 >	23C. PHYSICIAN'S Rodelio M. LIM DEGREE	CH # Church Home & Hospital
certiticat sody was vs. (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
This certi the body shows: (1 was D.O. deceased	Burial 2-4-68 Anshe Emunah Ait	z Chaim, Cong Washington, Blvd. Baltimore, Md.
The sho was	FEB 7 1968 P. C. R. E. Failure	Sylvan S.Lewis & Son P.O.Box 65Garrison, Md Memorial Chapel (21055)
	VS 150-REV. 1/1/68	Memorial Chapel (21055)



SAB-51-01-13

68- 1459 BALTIMORE CITY HEALTH DEPARTMENT 68- 1459
BIRTH NO. 68- 1459 CERTIFICATE OF DEATH
1. NAME OF DECEASED Philip George Pope 2. DATE AND HOUR OF DEATH (Type or Print)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss a state of the control of the con
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION 4940 Eastern Avenue C. CITY OR JOWN D. INSIDE CITY LIMITS?
Baltimore, Maryland 21224 To Baltimore, Maryland 21224 To 18 East brook Ave, 21224
5. SEX 6. RACE 7. MADDIED AMENED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 I
Mark WIDOWED DIVORCED 1-25-14 Jost birthdoy Months Doys Hours Min Min Months Doys Hours Min Min Months Doys Hours Min Months Doys Hours Min Min Months Doys Hours Min Min Months Doys Hours Min Months Doys Hours Min Min Months Doys Hours Min Months Doys Min Mo
done during most of working life, even if refired) Breweny Worker AMERICAN BREW, Co. Maryland, BALTIMORE USA
13. FATHER'S MAIDEN NAME
Philip POPE Angela CUNEO
15. Was Decedsed Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service) VES W. W. II 16. SOCIAL SECURITY NO. 215-01-4448 Records: BCH-4940 Eastern Avenue 21224
LAPPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY Carebral Hamonhage (Brain Stem) BETWEEN ONSET AND DE
LEADING TO DEATH
(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenio, etc. It means the disease,
injury or complication which caused death.)
ANTECEDENT CAUSES (B) DISFASES OR CONDITIONS if any giving DUE TO, OR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)
32/V II
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of Not 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED WAS PE
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) OR CONTRIBUTING CAUSE OF Control of the control of
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
₩ OF INJURY While At Not While
WOR AT WOR
The state of the s
that (I) (we) last saw the deceased alive on 2-1- 19 68 and that In(my) (aur) apinlan death occurred an the
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE
Attending Med. Stoff D
22C BUNGICIANS
NAME LType: Avenue, Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stot
BURIAL 2-5-68 BALTIMORE NATIONAL CEM 5501 FREDERICK AUE, BALTON
FER 7 1968 O C & C I D MA () 1 6224 EASTERN AL
VS 150-REV. 1/1/68

1-25 14 254 Driving Western Housean Ser Co. Bearing Ser Person The same of the sa

BALTIMORE CITY HEALTH DEPARTMENT	1.100
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68-	1460_
1. NAME OF DECEASED 2. DATE Known Month Day Year OF OF OF OF OF OF OF O	Hour 10 00 4
BENJAMIN BRUCE OF DEATH Estimoted X January 9, 1968	10:00 ♠.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 10.00	Hour
HOSPITAL ADDRESS OR LOCATION) FEDTUARY 2, 1968	10:20 A.
A. STATE B. COUNTY	before damission)
6. SEX 7. RACE 8. MARRIED ALEYER MARRIED TO LEVER MARRIED TO C. CITY OR TOWN	
MARRIED NEVER MARRIED C. CITY OR TOWN SIDE OF LIMITS? Male	No [
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	NO L
Sept 11, 1927 lost birthdoy) Months, Doys, Hours, Min. 1045 Bristol Place	
11. BIRTHPLACE (State or Joreign country) 12. CITIZEN OF 13. FATHER'S NAME	
No 1/2 WHAT COUNTRY?	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even it retired) Mary Dodson	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Townes F. H. Danville,	Va.
CAUSE OF DEATH	PPROXIMATE INTERVAL
1 / 76 · 2 ·	WEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Advanced Decomposition. No Anatomical	
(This does not mean the mode of dying, e.g.,	
heort foilure, osthenio, etc. It meons the diseose, injury or complication which caused death.) Cause of Death Ascertained.	
ANITECEDENI CALICEC	
DISEASES OR CONDITIONS, IF ANY, GIVING DISEASE AROUS CALLES AND THE TOTAL OF THE T	
INDERIVING CONDITION LAST	
(C)	nomina desirate as er de er de
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
	OPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If In Boltimore City, give exact location) home, form, foctory, street, office bidg., etc.) INJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Year) (Hour) 122E.INJURY OCCURED 22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK	
23.	
I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion	
resulted from Noturol couses Accident Suicide Homicide Undetermined manner X	
CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE STOTILE
EXAMINER'S Werner II. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER	
NAME (Type)	2/2/68
24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or country REMOYAL (Specify)	
24A. BURIAL CREMATION, 24B. DATE 24CNAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or country by 4R1a / 2/6/68 Family Cemelery Pitts ylvania Co.	
24A. BURIAL CREMATION, 24B. DATE , 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or country	

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT	H
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	_3
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	2
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1
written generated must be abtained before the remains are embalmed or final disposition is made.	(

	68- 1461 BALTIMORE CITY HEALTH DEPARTMENT 105- 1461
-	CERTIFICATE OF DEATH REG. NO.
	BIRTH NO.
	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print)
	hands Hall HINES tel-S-1908 6.10 PM.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
	FOLL NAME OF (IF NOT IN HOSPITAL OK INSTITUTION, GIVE STREET)
	INSTITUTION .
	8.8// Dalhouse YES . NO.
1	E. STREET AND NUMBER
	Breezel 21. 2747 WINCHESTER ST
	5. SEX 16. RACE / . MADDIED NEVED MADDIED 8. DATE OF BIRTH/ 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
	Would be the state of the state
,	Gilla College of montes
	10A, USUAL OCCUPATION (Give tind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, EXPTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
?	-0-werds ShannilmP 7/6/
	13. FATHER'S NAME
	John Hall glangranna snorth
,	15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
	218-26-2/6 / James Canal 2747 Winghish D
	18 4 3 0 4 2 CAUSE OF DEATH
)	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A)IMMEDIATE CAUSE Technique Con Con Contraction
	This does not mean the mode of dying, e.g., DUE IO. OR AS A CONSEQUENCE OF:
3	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)
U	ANTECEDENT CAUSES (B) A S L Day garage
0	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
3	rise to the obove couse (A) stating the UNDERLYING CONDITION lost.
-	UNDERLYING CONDITION lost. (C)
3	450.1
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFICING CAUSES OF DEATH?
- -	WAS PERFORMED Porp. Surpos 703 IN CERTIFICING GAUSES OF DEATH?
	U 21 A. A CCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY/e.g., in or obodit21C. WHERE DID (If in Boltimore City, give exect location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
3	
ט	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	While At Not While At Work
3	
2	22. I certify marginary dirended the deceased train
U	that (1) (we) last saw the deceased alive an 15 5 19 and that in (my) (aur) apinlan death accurred an the date
0	and have and from the causes stated abave (1) (We) (did) (dld nat) view the bady after death.
UST	23A. SIGNATURE
E	Attending Med. Shaff 2/3/68
	OEGREE Phys. Director Phys.
approval	23C. PHYSICIAN'S NAME (Type)
2	MARTEN HOST
1	OEGREE STATE OF THE STATE OF TH
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
5	Brune 2/10/16 MA AUBURN BOUTUMY
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS,
>	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 678 NG ADDRESS
>	
	VS 150-REV, 1/1/6B

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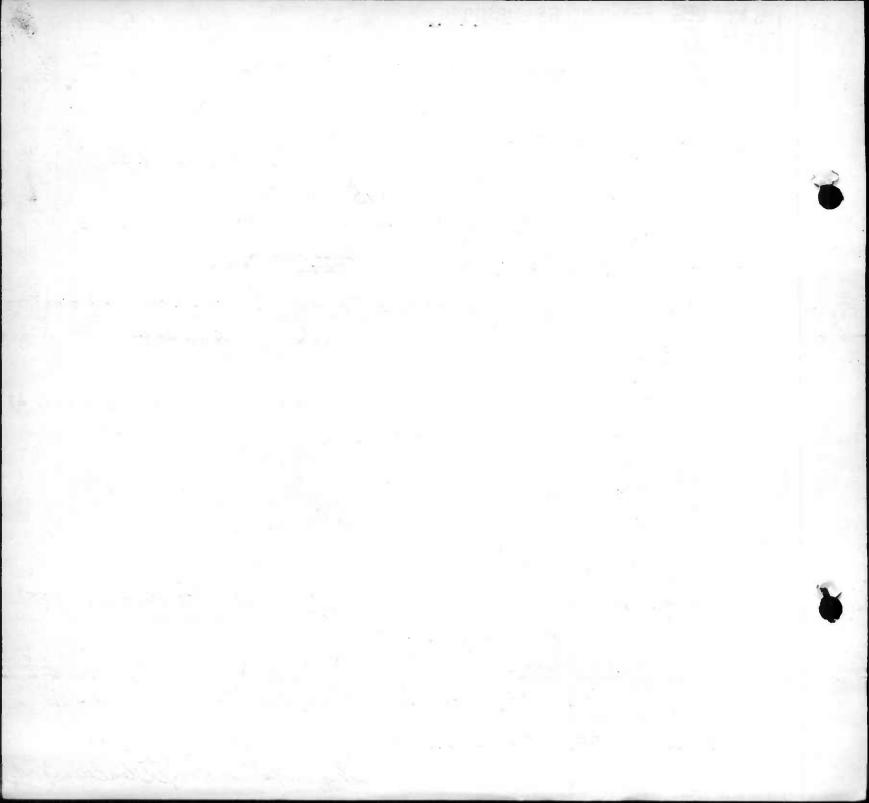
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

CO.	BALTIMORE CITY	HEALTH DEPARTMENT		68- 1462 4
BIRTH NO. 68-02708	1462 CERTIFICA		REG. NO	00 1462 1
1. NAME OF DECEASED (Type or Print) MOS/24	Baby Box	2. DATE AN	by 68	10 20 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD		re deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND,		
INSTITUTION ADDRESS OF FOCATION		BALTIMORE	The state of the s	DE CITY LIMITS?
Johns Hopkins	Heartal	E. STREET AND NUMBER		YÈS XX NO.
33			29TH SEREET	91218
5. SEX 6. RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. I Under 24 Hrs. Months Doys Hours Min.
surface summaris	WED DIVORCED	2-5-68	Yominutes	40
tOA, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltinore, M	d	ness
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Edward moster	1	Beg.	nâ	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (I(yes, give war or doles at set	1) 16. SOCIAL	17. INFORMANT	mail on	ADDRESS
7,00	JECOKIII NO.	1829 8 20	1 to 80	
18. 7 76 9	CAUSE OF DEATI	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU		5	
hearl loilure, asthenia, etc. It means the dis	sease,	A CONSEQUENCE OF:		
injury or complication which caused death.) ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony,	(B)	A CONSEQUENCE OF:		
rise to the above cause (A) stating	3 3	A definite of		
UNDERLYING CONDITION last.	(C)			
76 21. O II	TING			1000
TO THE DEATH BUT NOT RELATED TO THE TERM			*	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or N	208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
T A S A S A S A S A S A S A S A S A S A		YES	YES	JSES OF DEATH:
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inoticy medical examiner	21 B. PLACE OF INJURY (e.g., i home, (arm, (actory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(IC in Boltimore	e City, give exact location)
OF IN LURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED -	21 F. HOW DID IN.	JURY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22, I certify that (1) (this hospital) atten		ees 5	19 68 to F	U 5 1968
that (I) (we) last sow the deceased alive	6.0 1	12.3	^	nion death accurred on the date
			(doi) opii	mon seam accorred on the date
and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNE				
	O MO Atte	nding Med.	Staff	5-5-68
Robert Susla	STEGREE Phy	Director L	Phys.	3-2-08
Rosect Suski		Johns	Hartin	re Hosat 1
	AC. NAME of CEMETERY OF CRE		OCATION (Cir	ty, town, or county) (Stote)
REMOVAL (Speci(y)				(1) 10 10 (0 till) 1 (0 till)
CREMATION 2-5-68 25A. DATE RECID. 8Y HEALTH DEPT. 25B. N.	JOHNS HOPKINS H	OSPITAL BAL	TIMORE, MAR	RYLAND ADDRESS
1968	6 E Fallen M. A.	TO THERAL DIRECTO	SPITAL DI	SPOSAT
Ve 150 PEV 1/1/68	n - , downey	111	OTTION DI	IOT OOUR

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	68- 1463 BALTIMORE CITY I	HEALTH DEPARTMENT					
3	CERTIFICAT	TE OF DEATH					
- 11	BIRTH NO.						
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH					
- 11	HOMAS HLBERT GERMAN	7 FEB 68 9- PM.					
		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY					
		MARYLAND ANNE ARUNDAS CO.					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	INSTITUTION						
ZU	MARYLAND GENERAL HOSPITAL	CTDCCT AND AUMADOD					
) (()	RT 2 - Bax 82					
		DON OF					
		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
	M CAUC WIDOWED DIVORCED	16 JUNE 07 lost birthdoyl Months Doys Hours Min.					
	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY)						
	done during most of working life, even il retired) DAUIDSON CHEM.	BATTO MA U.S.A.					
Ш	CHEMIST DAVIDSON CHEM.	12740, MB 4.					
	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME					
	THOMAS GERMAN	BIL-PRICE					
	1 60 101 14 3	17. INFORMANT ADDRESS					
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	- 1 C 1/2 Pursua					
	NO NONE 212-03-9485	THOMAS A. GERMAN DR. BINTHICK					
	18. / 3 3 8 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY	ARREST BETWEEN UNSET AND DEATH					
II	LEADING TO DEATH	E CARDIAC FATEURE					
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUS DUE TO, OR AS A						
Ш	heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)						
I	injuly of complication which coused dedin.	21 2 201 10 21 1 12					
	ANTECEDENT CAUSES (B) LATESTI	TNAL OBSTR 3° ADENO CA COLON JULY 67					
H							
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	TRY AFTERY DISEASE					
	ONDERCTING CONDITION Idsi. (C) CP. 154.10.1						
l	Z / 53,8 11	2 14057 1112					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	TAA A A A A A A A A A A A A A A A A A A					
ľ	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	W L	1/0					
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officers)	or obout 21 C. WHERE DID (If In Boltimore City, give exoct location) ice bldg. INJURY OCCUR?					
	▼ DEATH (notify medical examiner) etc.)						
	Q 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
	OF INJURY						
	(APPROX.)						
1	22. I certify that (1) (this haspital) attended the deceased from	8 JAN 1968 to 7 FEB 1968,					
	4 = 0 18						
	that (I) (we) last saw the deceased alive an						
	and have and from the causes stated above. (H) (We) (did) (did not) view the body after death.						
	23A-STONATURE 23B. DATE SIGNED						
-	Atten	ding Med. Staff H					
	DEGREE Phys.	Director Phys. S. 3D. ADDRESS					
1	NAME (Type)	7111 / H X/1 1					
1	J. V. OLDROYD MI-DIEGREE	Margand Le Vorp					
	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREA	WATORY 24D. LOCATION (City, town, or county) (Stote)					
	REMOVAL (Specify)	Lieu R W. Wlassel					
	Burial Itel 1968 Cedar Hill Cime						
	25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	259. FUNERAL DIRECTOR Solut Plurace ADDRESS					
	1300 (What E. Tarkey M.	Send for Funeral Home / Glan Burne met.					
1	V\$ 150-REV. 1/1/68						



6-630

68- 1464 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 1464
I. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) JOHN HENRY GRADY	OF 5 11 1 1
	DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD TO 1 1000 A
HOSPITAL ADDRESS OR LOCATION)	February 1, 1968 9:20 A.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) A. STATE B. COUNTY
127 Light Street	A. STATE Maryland BALTIMORE
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE OITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES X No
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	
8 NOV 1916 lost birthday) 51 Months Doys Hours Min.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
CONDITIONAL COA	BERTRUM GRADY
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
LABORER CONSTRUCTION	IDA C. "FISHELL" GRADY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS CUMBERTANT
(Yes, no or unknown) (If yes, give wor or dotes of service) YES WWLL SECURITY NO. 219-03-9830	MRS DELLA WAGNER MORNING SIDE DRIVE MI
YES WILL 219-03-9830 CAUSE OF DEA	<u> </u>
4/2/4	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE (CAUSE
(This does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:
heort foilure, osthenia, etc. It meons the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	AS A CONSTRUCTION
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
IL UNDERLYING CONDITION LAST.	
THER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
O A	AS PERFORMED 21. AUTOPST? (165 01 140)
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	, in or obout 22C. WHERE DID (If In Boltimore City, give exoct location) ce bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	se blag., erc.) INJORY OCCOR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	T WHILE CO
m. WORK AT V	WORK L
23.	
I certify that I held an Inquiry Inspection Au	and that on this basis, death in my opinion
resulted fram: Notural causes X Accident Suicident	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL ACTUAL	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.C	D
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER February 1, 1968
NAME (Type)	CREMATORY AND LOCATION (C
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
CREMATION FEB 5, 1968 J.WILLIAM LEE	E'S CREMATORY WASHINGTON D.C.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
EEB 7 1968 Of Galo E. Talkey	H. LEE SILCOX 404 DECATUR ST. CUMBERLAND

The state of the s The state of the s Also,

examiner.

in regular attendance on the

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounced

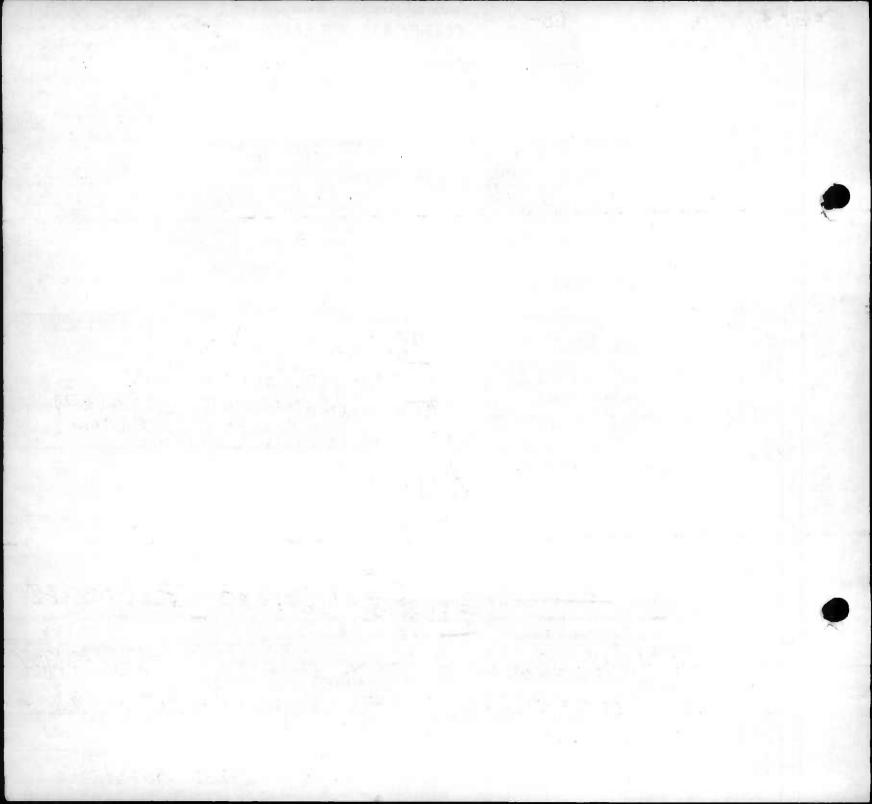
the body was released to the hospital by a medical

(4) Undetermined cause; (5) Deceased

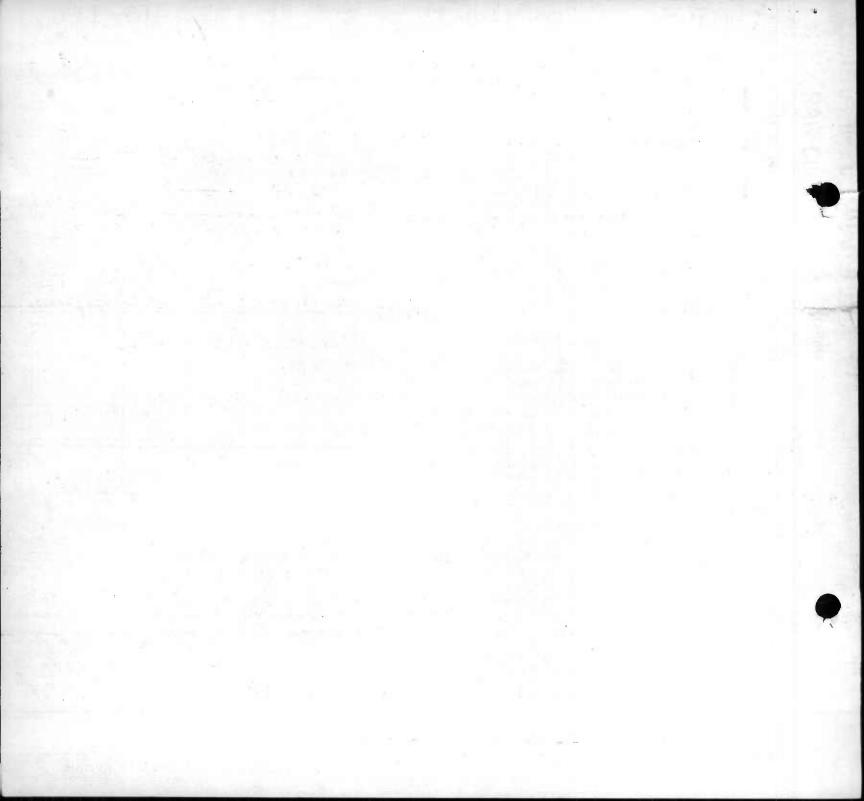
if the direct or contributing cause of death

	68-	7 /1	Y HEALTH DEPARTMENT	Park Inc.	68-1465					
M.E. CASE NO.										
	AME OF DECEASED oe or Print) Nary G.	Scrivnor	679 4	uary 3, 196	8 3:30 AM					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street hospital or oddress or location) INSTITUTION Gould Convalesarium Belair Road		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY Maryland Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give township) Towson D. STREET ADDRESS (If rural, give location) 723 Hillen Road								
					5. S	WIL	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH Dec. 10, 1888	ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
					IOA.	USUAL OCCUPATION (Give kind of work 10B, KII			in country)	12, CITIZEN OF WHAT COUNTRY?
					Housewife Own Home		Maryland		USA	
13. FATHERS NAME Louis Bedecker		14. MOTHER'S MAIDEN NAM	-							
15. V	Was Deceased Ever in U. S. Armed Forces?	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	<i>Δ1</i> ε	ADDRESS					
	No None	JEGORITI NO,	Family record	ds						
	18.428/ 11/)4	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY	CO.	emin Muson	whiteil						
	(This daes nat mean the mode of dying,			rance	**************************************					
	heart failure, asthenia, etc. It means the di- injury ar camplication which caused death.		Consestine Al	at fail	ure					
ANTECEDENT CAUSES			J.O 000 x 0	went ()	ma lastasis					
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		woman of cooper	La A	assign						
	UNDERLYING CONDITION last.	(Exolus	al Mascillar	W. Onla	4(1)					
ATION	422, 2 II OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED T	BUTING O THE	ton							
		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED										
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, (octory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)					
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour OF INJURY	While At Not Wh	21F. HOW DID INJU	JRY OCCUR?						
	(APPROX)	Work At Wor		60 -	4000 10					
22. I certify that (I) (this hospital) attended the deceased from Janus 1900 to 1900 to 1900 that (I) (www) lost saw the deceased alive an 1900 and that in (my) (www) apinion death accurred on the day										
and hour and fram the causes stated above. (1) (We) (did nat) view the bady after death.										
23A. SIGNATURE Attending Med. Statt 23B. DATE SIGNED Phys. Director Phys. 1			7 9 5, 196							
	PAR BC	LD M.D	4706 Harfor	ed Road B	alteriore Md-1					
24A	REMOVAL (Specify)	Paganact Hill C	V_		ity, town, or county) (State)					
25A	Burial Feb. 6, 1968 DATE REC'D BY HEALTH DEPT. 25B. N	Prospect Hill CE	25C. FUNERAL DIRECTOR	son, Maryla	ADDRESS					
	EEB 7 1968 (2.0)	8-8 Fredricks	John Burns'	Sons, Touso						
VS	150-REV, 1/1/65				7					

1465

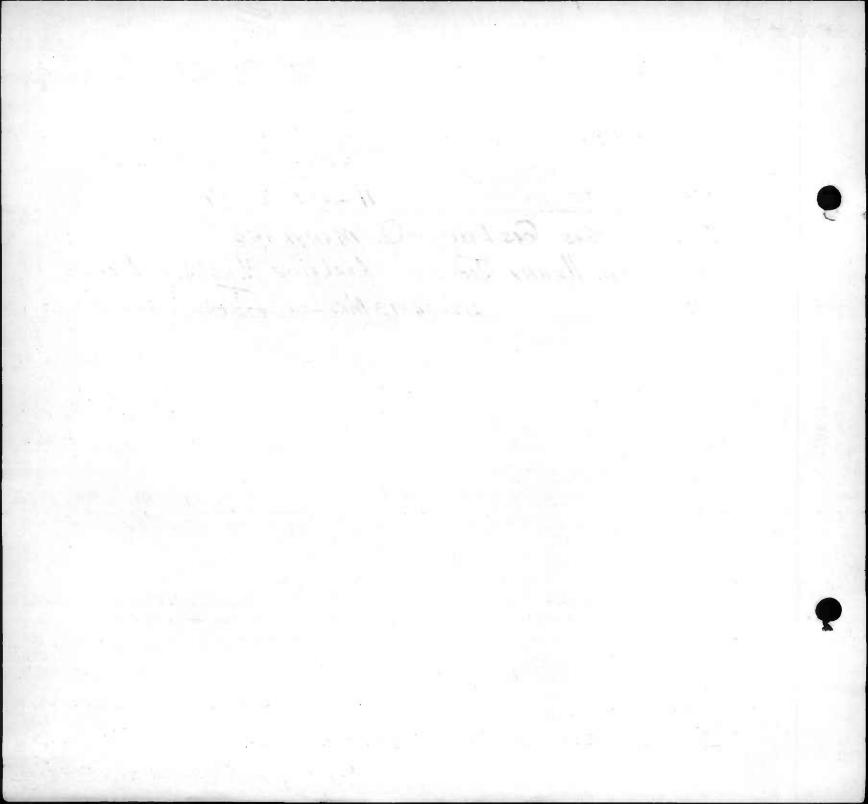


BALTIMORE CITY HEALTH DEPARTMENT						
68- 1466 CERTIFICATE OF DEATH						
BIRTH NO.						
1. NAME OF DECEASED (Type or Print) DENARDS EVELVAL JANE 2-V/68 10:30 AM						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) GIVE OF TOWN ADDRESS OR LOCATION)						
INSTITUTION C. CITY OF TOWN						
FRANKLIN SQUARE HOSPITAL E. STREET AND NUMBER 3V-16 CORNWALL COURT 22						
S. SEX 6. RACE WILLTS NEVER MARRIED DIVORCED B. DATE OF BIRTH 9. AGE (In yeors lost birthday) Months Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLAKE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 11, BIRTHPLAKE (Stote or foreign country)						
ASSEMBLER WESIERN ELECTRIC LENNSYLVANIA USA.						
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
SABATINO ARMINEI ERMINIA PENNONI S. Was Deceased Ever in U. S. Armed Forces? 116, SOCIAL 17, INFORMANT ADDRESS						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war at dates of service) 16. SOCIAL SECURITY NO. 193-16-8-884 DR. H. PAVAND. F. 5- Hospital.						
18. / S / I CAUSE OF DEATH SETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH WIDESPREAD CORCINOMATOSIS						
(A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., heart failure, osthenia, etc. It meens the disease,						
injury or complication which coused death.)						
ANTECEDENT CAUSES (B) SQUAMOUS CEll Ca. of CERUX						
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stoling the						
UNDERLYING CONDITION losi. (C)						
77/X II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
19A. DATE OF OPERATION WAS PERFORMED 19A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, foctory, street, office bidg., INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
(APPROX.) While At Work Not While At Work						
22. I certify that (1) (this haspital) attended the deceased fram 1966 to 2 - 1968.						
that (I) (we) last saw the deceased alive an 2-4 19.68 and that in(my) (aur) apinion death accurred an the date						
and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATURE Attending Med. Stoff T						
DEGREE Phys. Director Phys.						
NAME (Type) HERNANDO PAUX NO. FRANKIN STUARE HOSPILAL						
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)						
Burial 2-9-1968 Itlian Independent Cemetery Wyoming Pa						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Walter Dabrowski 1005 Dundalk Avenue						
VS 150-REV. 1/1/68						



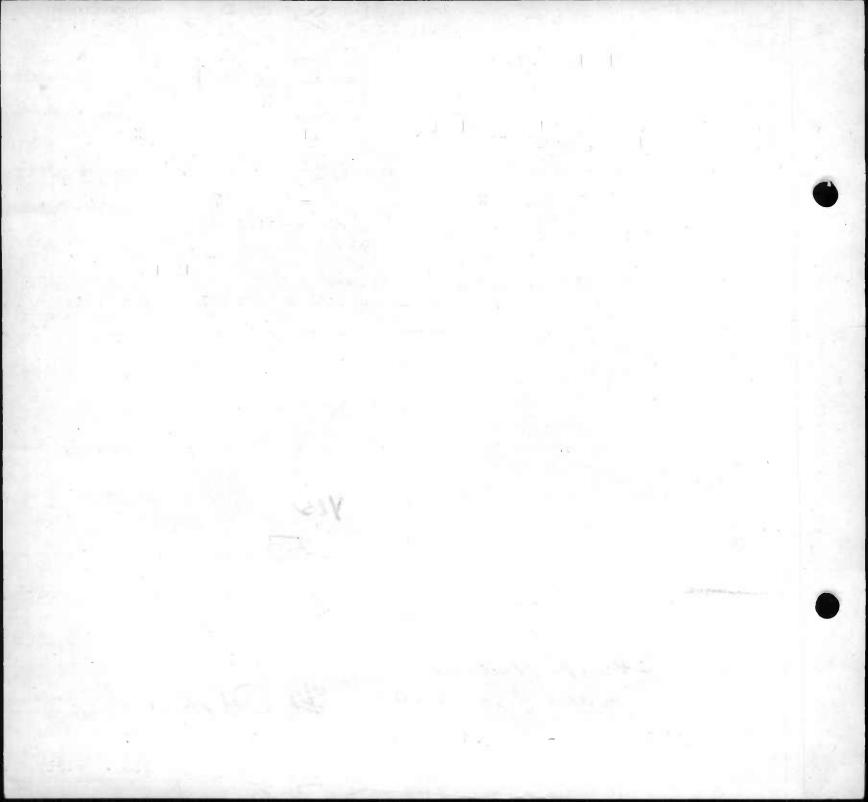
VS 150-REV. 1/1/68

	68- 1467 BALTIMORE CITY HEALTH DEPARTMENT 68- 1467
255	CERTIFICATE OF DEATH
and ased the Such	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
S	(Type or Print) LEROY O. JOHNSON FEBRUARY 1 1968 4- A.M.
spital and of death of death of death of death of the of the eath. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
5 5 E b	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
l in a ng cau cause; attend ior to	2528 FOSTER AVENUE BALTIMORE YES INO
red ed ar pr	2528 FOSTER AVENUE
occur ontrib ermin regule eased is mag	S. SEX O. RACE O. MARRIED NEVER MARRIED O.
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
death Undet as in e dec	INSPECTOR GAS GAS-ELECTRIC CO. MARYLAND
if d rect (4) U was the spos	
4.4.4.6.9	WILLIAM HENRY JOHNSON ADALAIDE VIRGINIA NOGERS 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	No SECURITY NO. 212-05-4373 MRS. Louise Johnson 2528 FOSTER AVE
s ass if t any ced ndan or fi	18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
den fo	DISEASE OR CONDITION DIRECTLY
r or Als	(A) IMMEDIATE CAUSE CAUSE CAUSE of Grant of Gran
ine acti pr pr	injury or complication which coused dooth.)
A fr ho ho reg	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
exe (3) in w	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)
medical hedical burns; physicia an was remain	1278 1
medinediphys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
d d d	
e chi by c 2) Bo e th ohysi	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exect location)
y the ital b e; (2) there No ph befor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
d c b	OF INJURY OF INJURY OF INJURY OF INJURY OCCURED 21F. HOW DID INJURY OCCUR?
ho ho de	(APPROX.) Work L At Work L
appro to the fany il (exc i); an	22. I certify that (I) (this hospital) attended the deceased fram hore 1965 to feet 1 1968,
007	that (1) (y/e) last saw the deceased alive an 1968 and that in (44) (cor) apinian death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
st be a used t ent of ent of spital death	23A. SIGNATURE
muss elea ccide r hos to d	George D. Styling MI Director Director Phys. V1768
was read An act	23C. PHYSICIAN'S NAME Type 23D. ADDRESS 23D. ADDRESS 4421 & G. I. R. B. B. II M. J. Z. S. J.
- Q LL	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
T	BURIAL 2-6-1968 OAKLAWN CEMETERY BALTIMORE MARYLAND
This certhe bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC FUNERAL DIRECTOR. ADDRESS
また 3 ウ 3	FLB (1908 (Least E. Janey MAYMOND L. NACZOROWSKI 2525 PLEET



3-306	68- 1468 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 68- 1468
of death of death Deceased e on the	BIRTH NO. 1. NAME OF DECEASED (Type or Print) WILLIE BOYD 2. DATE AND HOUR OF DEATH
de de	23/00 100N M.
	A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN DE INSTITUTION C. CITY OR TOWN
	THE JOHNS HOPKINS HOSPITAL PALTIMORE YEST NOT
d ing	DESTREET AND NUMBER 2143 EDMONDSON AVE
- 2000	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days Hours Min.
occur ontrib ermin regul	FEMALE NEGRO WIDOWED DIVORCED 10-23-00 67
in co	done during most of working life, even if retired)
deat Unde as in e de	Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
nt if death direct or c ; (4) Undet th was in in the deci	Not Known
rant stant he dir (ind; (death e on	WILLIAMS 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
TAI ista ista he kinc dea ce ce	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 216-09-4788 Arthur Boyd 2719 Gwyann Falls
0	18. / - APPROXIMATE INTERVAL
f o, o	DISEASE OR CONDITION DIRECTLY
ror bure o	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
	heart failure, asthenia, etc. II means the disease, injury ar camplicolian which coused death.)
CTO camin amine A frac vho p regul	ANTECEDENT CAUSES
Why who are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS & CONSEQUENCE OF
cal examine al examine s; (3) A fraction who prize in regula	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)
AL DIR medical edical e burns; (3 hysician n was ir	z 33/X II
AL I medi edice burn hysic n we	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
NERA ihief m a me 3ody bu the phy sician	O DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. Date of operation 196. Condition for which operation 204. Autopsy? (Yes of No.) 208. If Yes, were findings considered No. Certifying Causes of Death?
U - 00 + > 0	k X
tall tall	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUPA- DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUPA- etc.)
D 0 - > D	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
a.d.e.a.k	(APPROX.) While At Work Not While At Work
	22. 1 certify that (1) (this hospital) attended the deceased from 2// 2 19 6P to 3/3 1900
of any of an (e. h); of be of	that (I) (we) last saw the deceased alive on 19 ond that in (my) (our) opinion death occurred on the date
be ed	ond haur and from the causes stoted obave. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE
	Attending Med. Stoff
1 - 0 .	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
ficate m was relo A. at a b prior to	HENRY 16. BLACK MI) I LE II elle III.
± >5000	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
000000	Burial 2-7-68 Mt Auburn Cem Baltimore, Md.
This c the b show was l dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS BILDIE.
E # 12 3 4 3	FER 7 1968 A D & P Francis of Joune 5385. Biddle

2-7-68 Mt Auburn Cem Baltimore, Md. 25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C_FUNERAL DIRECTOR ADDRESS Biadle 5385. VS 150-REV. 1/1/68



68 - 1469 baltimore city health department

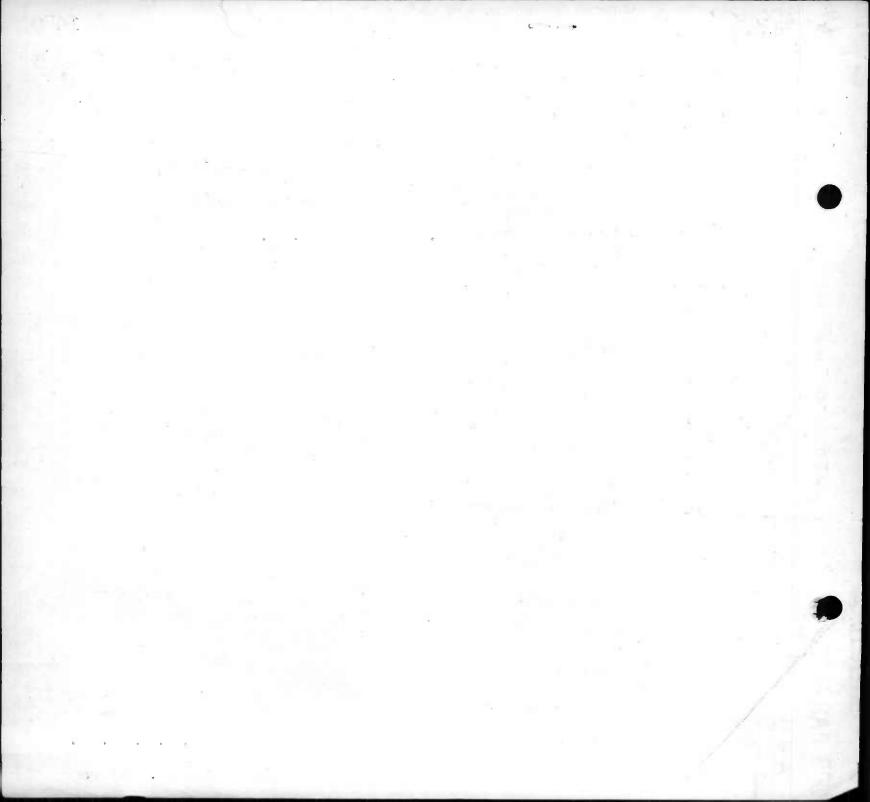
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68- 1469

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) James E Brannon	2. DATE Known A Month 2 Doy Yeor Hour OF Feberuary 3, 1968 105 P M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD Feberuary 3, 1968 105 P.M.
or INSTITUTION 49 E. Randall ST.	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. IN IDE CITY MITS?
W WIDOWED DIVORCED	Rolling Rolling
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr.	
June 5, 1888 lost birthdoy) Months, Doys, Hours, Mir	49 E. Randall ST.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Maryland WHAI COUNTRY?	James J. Brannan
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 15. MOTHER'S MAIDEN NAME
Guard Shipyard	Margaret Clancy
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS 21122, Md
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 213-20-3190	
19. 4 1 2 9 CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY Arte	riosclerotic Cardiovascular Disease
LEADING TO DEATH	
	R AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, O	R AS A CONSEQUENCE OF:
KISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	***************************************
E 4.22.1 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes or No)
O CONDITION FOR WHICH OPERATION	WAS PERFORMED
U INDEPIVING TOP CONTRIB. home, form, factory, street, of	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) (Injury Occur?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) M. WHILE AT NO WORK AT	OT WHILE
23.	
-	Autapsy and that on this basis, death in my apinion
resulted from: Natural causes 🖪 Accident 🗌 Suic	cide Hamicide Undetermined manner
ACTUAL MADO	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE / CUMP / ZOZZ M	ASSISTANT MEDICAL EXAMINER A 2-4-68
EXAMINER'S Werner U. Spitz	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Y ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Cemetery Baltimore, Maryland [25C. FUNERAL DIRECTOR ADDRESS
EEB 7 1968 Cheb & Falkyna	George J. Gonce-4001 Ritchie Hgwy., Bal timor
MED . 1000 APPORT as again	O TOTAL OF MAN A DOLL OF MOI

of a contract of the contract

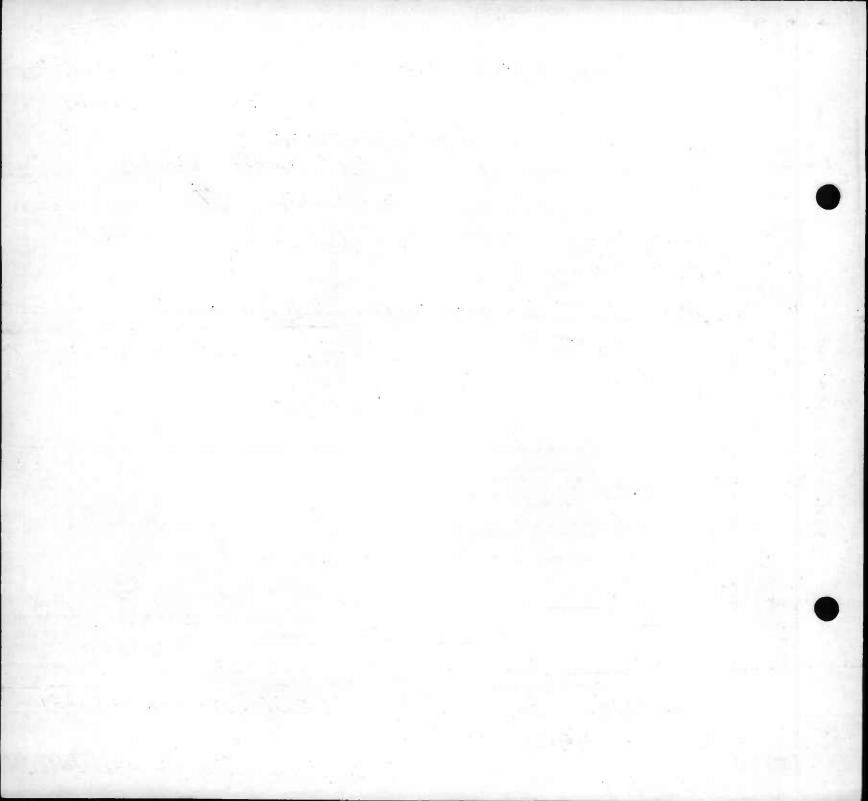
snows: (1) An accident of any nature; (2) body burns; (3) A tracture of any kind; (4) Undefermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

68-5 1470 BALTIMORE CITY	Y HEALTH DEPARTMENT	68- 1470
CFRIIFICA	TE OF DEATH REG. NO.	00 14/0
BIRTH NO.	2, DATE AND HOUR OF DEATH	C 4-
(Type or Print) Milton J. SHAMLEFFE	2 - 11 ' 21	2
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	C. CITY OR TOWN D. IMSID	E CITYLUMITS?
	Baltimore	ES NOT
48 Maryland Com. 1800	E. STREET AND NUMBER	3 43
	1223 CHURCH ST.	
5. SEX 6. RACE , 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
M WIDOWED DIVORCED	Manch ste 1896 lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Fireman—Retired Fire Dept.	Balto. Md.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William SHAMleffer	Rosa HERN	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY No.	17. INFORMANT	ADDRESS
Yes # 1	Medical Recor	0)
18. 4 3 6 9 N-L 88 7X CAUSE OF DEAT	TH.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Lymone	
LEADING TO DEATH	USE	
heart failure, asthenio, etc. It means the disease	A CONSEQUENCE OF:	
injury or complication which coused death.)	J. A	
ANTECEDENT CAUSES	V . //	
The state of the s	S A CONSEQUENCE OF:	8
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	so chartens fraduce ()	D His
33/1/	au Fairre Miller - en commence commence con confirme a conscionario con con con con 1915.	//
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		y
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION		NDINGS CONSIDERED
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED POW - FX HIP WAS PERFORMED 1218. PLACE OF INJURY (e.g.,	No IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, of	in or about 21C. WHERE DID (If In Baltimore office bldg., INJURY OCCUR?	City, give exoct locotion)
10	not heave a	ver.
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	1 Meonin
(APPROX.) / 8 68 While At Work At Work		
22. I certify that (I) (this hospital) attended the deceased fram	1 0 0	Feb (10 /
that (1) (we) lost saw the deceased alive an 1005		
	19 and that in (my) (aury apini	an death accurred an the date
and haur and fram the causes stated obave. () (We) (did) (did not)		
23A. SIGNATURE	ending Med. Staff	23B, DATE SIGNED
Joungul Moon OEGREE Phy	rs. Director Phys. D	1.6.5 1/08
23C. PHÝS/CIÁN'S NASHE (Type)	23D. ADDRESS	Horp
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		, town, or county) (Stole)
Burial 2 9 1968 Glen Haven		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Glen Burnie, A.	A. UO. MQ.
558 7 1968 P. P. B & Failum		
VS 150-REV. 1/1/68	MC OULLY 130 E	Fort Ave



V\$ 150-REV. 1/1/6B

	68- 1471 BALTIMORE CITY	HEALTH DEPARTMENT
	CERTIFICA	TE OF DEATH REG. NO. 1471
	BIRTH NO.	2, DATE AND HOUR OF DEATH
	(Type or Print) Gross. Horis WAR.	REN 2-6-68 13:45 A.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if institution, residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Belts to 2/221
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN ESSE V D. INSIDE CITY LIMITS?
1	North Charles General Hospital	BOHTIMOTE YES NO
1	North Chanes demand	524 Challet SQUARE 53
de.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
E	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED X	1-25-04 lost birthdoy Months Doys Hours Min.
18	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	1000
0	done during most of working life, even if retired)	Maine USA
SIT	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	Root Pal	8
dis	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
final	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	NCGH chart
	100 317-56-8667	
0	18. 5 /3 XI CAUSE OF DEAT	BETWEEN ONSET AND DEATH
eq	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	is heht hulmmary abyres
E	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE OF:
mbalmed	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
E	ANTECEDENT CAUSES	vergary atelectasis -
0	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
Sar	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)	
	52/X II	
remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
re	U 21A, ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Baltimore City, give exact location)
before	21.A. ACCIDENT WAS UNDERLYING 21.B. PLACE OF INJURY (e.g., OR CONTRIBUTING 2.CAUSE OF DEATH (notify medical examine)	ffice bldg., INJURY OCCUR?
	2 21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ained	OF INJURY While At Not Whi	le 🦳
ā	(APPROX.) Work At Work	
obt	22. I certify that (I) (this hospital) attended the deceased from	1-19 1968 to 2 - 6 1968.
pe	that (I) (we) lost sow the deceased alive on	19 <u>G S</u> ond that in(my) (our) opinion death occurred on the date
	ond hour and from the couses stated above. (I) (We) (did) (did not)	
must	23A. SIGNATURE	ending Med. Staff D 23B. DATE SIGNED
	Derman and Josephy	ys. Director Phys. D
approval	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
pp	Leopoldo CIruss, M. Rechee	4-05 Stemmer Nun # 2/201
0	REMOVAL (Specify)	EMATORY 24D. LOCATION (City, town, or county) (Stote)
written	CREMATION 2/6/1968 GREEN MOUI	UT SAUTIMORIE, MCL,
÷	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
3	FFB 7 1968 (1) 10 2 10 1000 1000 1000 1000 1000 1000	El Works Mockey, Justine 1



N	-201	
	and eath ased the Such	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of a shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death.

BIRTH NO.		- 147	CERTIFICA	TE OF DE	ATH	REG. NO_	<u> </u>	- 1472
I. NAME OF DECE	ASED				2. DATE AND	HOUR OF DEATH	1	
(Type or Print)	Nock, Claude	Hobard			Februar	v 1. 1968		4:35 P
3. PLACE IN BALT	MORE MARYLAND, WI			4. USUAL RESID	B. COUNTY	deceased lived, if	institution: res	4:35 P
	(IF NOT IN HOSPITA ADDRESS OR LOCA terans Admini OO Loch Raven	stratio	ution, give street	Virginia c. CITY OR TOWN Assawoma	Accok	mach Coun	SIDE CITY LIM	NOE NOE
	ltimore, Mary	_	1218					
	6. RACE			B. DATE OF BIRTH	an, Vir	GINIA AGE (In yeors	If Under	Yr., If Under 24 H
Male	White		NEVER MARRIED			t birthdoy)	Months D	oys Hours Min.
		WIDOWED	DIVORCED DIVORCED BUSINESS OR INDUSTRY	9/2/96	Shaha an fanisa	71	IN CITIZE	1 05 1111 1 50 1115
	vorking lite, even if retired)	IUB. KIND O	BOSINESS OK HADOSIKI	II. BIRTHFLACE	State or toreign	country)		N OF WHAT COUNT
Carpente	r	Unl	cnown	Virginia	A		Unit	ed States
3. FATHER'S NAM	A E			Virginia 14. MOTHER'S M	AIDEN NAME			
Lee A. N	ock			Nora May	Ailswor	th		
S. Wos Deceosed	Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT 1			Record	DORESS
	(If yes, give wor or dote:		SECURITY NO.			e, Maryla		
Yes	5/20/18-10/6	717	226-30-29-71		Der TOTHOL.	o' LELATE	IIII KIKI	
	E OR CONDITION DIR LEADING TO DEATH	ECTLY	(A) IMMEDIATE CAU	Carcino		yriform s	inus	APPROXIMATE INTERVAL TWEEN ONSET AND DEA
DISEASES O	R CONDITIONS, if of obave cause (A) is CONDITION lost.		(B)	a consequence	OF:			
TO THE DEATH	CANT CONDITIONS CON H BUT NOT RELATED TO TH DNDITION GIVEN IN PART	E TERMINAL		bronchop	neumonia	a.		
U TOA BATE CE	OPERATION 198. CONE	DITION FOR	WHICH OPERATION	20 A. AUTOPSY	? (Yes or No) 2	OB. IF YES, WERE N CERTIFYING C	FINDINGS C	ONSIDERED ATH?
A DATE OF								
OR CONTRIBUTED DEATH (notify	IT WAS UNDERLYING TING CAUSE OF	21E hon etc.	S. PLACE OF INJURY (e.g., in ne, form, foctory, street, of)	or obout 21 C. WH	ERE DID OCCUR?	(If in Boltimo	ore City, give	exoct locotion)
OR CONTRIBU OEATH (notify O 21 D. TIME	TING CAUSE OF	hon etc.	ne, form, foctory, street, of	n or obout 21 C. WH	W DID INJUR		ore City, give	exoct locotion)
OR CONTRIBU DEATH (notify	TiNG CAUSE OF medical examiner	(Hour) 21E	INJURY OCCURRED	or obout 21 C. WH fice bldg., INJURY	OCCUR?		ore City, give	exoct locotion)
21A. ACCIDEN OR CONTRIBU DEATH (noify 21D. TIME OF INJURY (APPROX.)	TING CAUSE OF medical examiner) (Month) (Day) (Year)	(Hour) 21 E Wt	ne, form, foctory, street, of INJURY OCCURRED sile At Not While At Work	or obout 21 C. WH fice bldg., INJURY	W DID INJUR	Y OCCUR?		40
ZIA. ACCIDEN OR CONTRIBU DEATH (notify DEATH (notify LID. TIME OF INJURY (APPROX.) 22. I certify	TING CAUSE OF medical examiner) (Month) (Doy) (Year) that ((this hospital)	(Hour) 21E Why Wo	INJURY OCCURRED ILLE AT Not While At Work The deceosed from Fet	or obout 21 C. WH fice bldg., INJURY	O C C U R?	Y OCCUR?	ruary 1	19 68
21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (\(\mathbf{F}\)(we)	TING CAUSE OF medical examiner) (Month) (Day) (Year) that (M (this hospital) lost sow the deceased	(Hour) 21E Wr Wo Ottended t	INJURY OCCURRED It is a strong of the deceased from Feb. Tebruary 1,	21 F. HOTO	W DID INJUR	Y OCCUR?	ruary 1	19 68
21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (* (we)) ond hour ond	TING CAUSE OF medical examiner) (Month) (Day) (Year) that (X (this hospital) lost sow the decease from the causes state	(Hour) 21E Wr Wo Ottended t	INJURY OCCURRED ILLE AT Not While At Work The deceosed from Fet	21 F. HOTO	W DID INJUR	Y OCCUR?	ruary 1	19 68 occurred on the d
21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (# (we)	TING CAUSE OF medical examiner) (Month) (Day) (Year) that (X (this hospital) lost sow the decease from the causes state	(Hour) 21E Wr Wo Ottended t	INJURY OCCURRED ille At Not While At Work the deceosed from Feb February 1,	or obout 21C. WH injury 21F. HO	W DID INJUR 19ond that ter death.	Y OCCUR? 68 to Februin (My) (our) op	ruary 1	occurred on the do
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21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (**(we)) ond hour ond 23A. SIGNATUI 23C. PHYSICIAL NAME (Ty	TING CAUSE OF medical examiner) (Month) (Day) (Year) that (K (this hospital) lost sow the deceased from the causes state RE	(Hour) 21E WH Wo) ottended t d alive on ed obove. (INJURY OCCURRED INJURY OCCURRED At Work The deceosed from Feb February 1 Wee (did) for for V DEGREE	10 or obout 21 C. WH fice bldg., INJURY 21 F. HOT 19 68 iew the body off Meding Me	W DID INJUR 19	68 to Febr	ruary 1 238, DATE Febru	occurred on the do
21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (*) (we) ond hour ond 23A. SIGNATUI 23C. PHYSICIAL NAME (Ty	TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (M (this haspital) lost sow the decease from the causes state from the Cause state fro	(Hour) 21E Why Wo) ottended to d alive on ed obove. (INJURY OCCURRED INJURY OCCURRED At Work The deceosed from Feb February 1 Wee (did) for for V DEGREE	or obout 21C. WH fice bldg., INJURY 21F. HO 19 68 iew the body off Inding Mer 23D. ADDRESS eterans	W DID INJUR 19	68 to Februin (My) (our) op	ruary 1 238, DATE Febru	occurred on the dossigned ary 2, 1968
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21A. ACCIDEN OR CONTRIBUTED ON CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (**(we) ond hour ond 23A. SIGNATUR NAME (Ty REMOVAL (S. Burial	TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (M (this haspital) lost sow the decease from the causes state from the Cause fr	(Hour) 21E WW Wo) ottended t d alive on ed obove. (NGM.D.	INJURY OCCURRED INJURY OCCURRED At Work the deceosed from Feb February 1 W(We) (did) / fin / for / v DEGREE AME of CEMETERY of CRE Rawoman Cemete:	pruary 1, 21F. HOTE 19 68 iew the body off 23D. ADDRESS eterans MATORY	w DID INJUR 19 ond that ter death. d. Storector Physical Physica	68 to February (our) operation Hosenston (our)	ruary 1 238. DATE Febru Bp., Ba City, town, or	occurred on the dissense ary 2, 1968 Lto., Md. county) (Stote)

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1 1	BALTIMORE CITY HEALTH DEPARTMENT
45	68- 1473 CERTIFICATE OF DEATH REG. NO. 68- 1473
H	1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
ľ	KERR ARTHUR ARNOLD 2-6-68 . 3. 30A.
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY BALTIMORE B. COUNTY B
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. LADGE V. D. INSIDE CITY LIMITS?
	YES NO V
	6 Franklin Square HOSD E. STREET AND NUMBER 53-00
-	5. SEX 6. RACE 7. MARDIED NEVER MARKET B. DATE OF BIRTH 9. AGE (In years If Junder 1 Yr., If Under 24 Hrs. Manths; Days House; Min.
	Male white WIDOWED BY DIMONETE 1) - 14-1880 77
	10A. USUAL OCCUPATION (Give kind all work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dane during most of working life, even if retired)
	MASTER MECHANIS STEEL MFCR. DITTS BUY OF YENNA, W.S. A.
	EDWARD KERR MARGARET MACLLERY
Ī	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
	18. 4 12 1 01 CAUSE OF DEATH
	(This does not mean the made af dying, e.g., (A) IMMEDIATE CAUSE // (The property of the prop
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.) (A) IMMEDIATE CAUSE HYPERTEHSIVE DUE TO, OR AS A CONSEQUENCE OF: ARDIJUASCULAR DISEASE
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
1	UNDERLYING CONDITION last, (C).
	473X II
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	U 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	U 21A_ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? EACH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?
	O 21D.TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) While At Not While At Work
	22. I certify that (1) (this hospital) attended the deceased fram 1 20 19 60 to 2 - 6 19 60
	that (1) (we) last saw the deceased alive on 235 2-6 1965 and that in (my) (our) aginian death accurred an the dat
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Sang bochole N.D DEGREE Phys. Med. Director Phys. D
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS (UON calbonn et Baltimor
	Sang Bock Lee Geres Franklin Square Hosp.
	24A. BURIAL CREMATION, 14B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, towh, or county) (State) BORIAL Specify 2/9/68 RELLIVE MEM, PK. DAYTONA BEACH, FLORIDA
1	
	25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR WINDLEY, Dundoch ADDRESS V. Brokes Wissley, Dundoch 201222
	THE PROPERTY OF STANGETS

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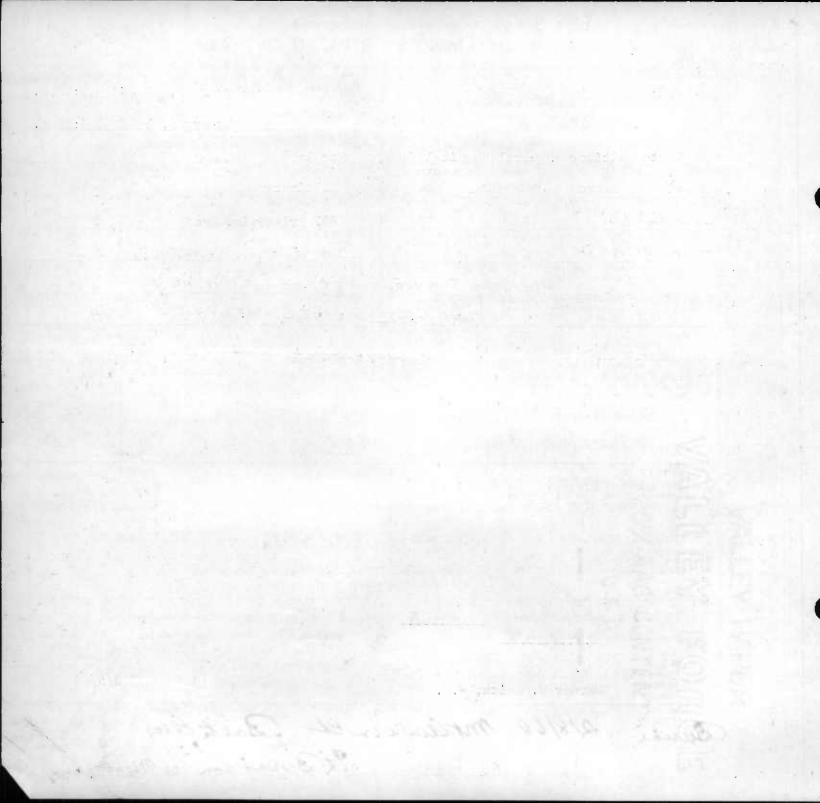
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68- 1474 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68- 1474

MEDICAL EXAMINER 3	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print)	OF
ROSIE HENRY 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted February 5, 1968 9:25 A. 3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) ORANSTITUTION	February 5, 1968 9:25 A
OK ASTRONOM	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
South Baltimore General Hospital (DOA	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE COMMITS
female negro WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
JUL 22-1921 lost birthdoy) Months, Doys, Hours, Min.	607 Bridgeview Road
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
MARY LAND WHAT COUNTRY?	JAMES BLAGMOND
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	D
DRAPERY MANUF,	18. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES 17. SOCIAL SECURITY NO.	1 0/- 6/
214-18-547	2 CHARLES HENRY 1 1/A
19. 4 9 2 X	ATH APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH Pulmona	ry Emphysema
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B) DUE TO OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	A STOLEGE OF
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No.
	No
	, in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB.	ce bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	T WHILE
23.	WORK LJ
I certify that I held an Inquiry Inspection X A	utapsy and that an this basis, death in my apinian
	de Hamicide Undetermined manner
resulted fram: Natural causes AA Accident 501ci	
ACTUAL 11100 0 1-5	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE / LUGARS / M.	
EXAMINER'S Werner U. Spitx, M.D.	ASSOCIATE MEDICAL EXAMINER 2/5/68
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	Ol Ol Ol
Quial 48/68 1114 audi	met Salt City
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR / 0 8 ADDRESS
FED 7 1000 A D R C TAD HA	IX Arount de les Montes
VS 151-REV. 1/1/6B	The word of the way
TO [OPERET, 1/1/OD	



(Type or Print)	HELE	EN STYS	LEY	2. DATE AN	ruary 6, 1	
3. PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND	· · · · · · · · · · · · · · · · · · ·	4. USUAL RESIDENCE (Whe	re deceased lived. If	
FULL NAME HOSPITAL OF INSTITUTION	d oddress or location	on)	give street	Maryland c. city or town (If ou Baltimore	tside city limits, will	te RUI AL and give townshi
00	627 S. Dear	Street		D. STREET ADDRESS (IF 627 S. Dean	rurol, give location)	
S. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr If Ur
		Marri		March 4, 1891	tost birthdoy) 76	Months Doys Hours
done during most of the House	of working lite, even if retired). Wife	Own h	ome	Austria		U. S. A.
13. FATHER'S NA		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		14. MOTHER'S MAIDEN NA	ME	0. 0. 11.
	Lev Maynos	3 Z		Mary Kelle	er	
	ed Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17, INFORMANT		ADDRESS
No			213-16-3066	Michael Stysl	Ley 627 S	6. Dean Street
18. 2 3	ASE OF CONDITION DI		CAUSE O			INTERVAL BET
	not mean the mode of		DUE TO			
DISEASES	o, osthenio, etc. It means omplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION last.	s the disease, d deoth.) S ony, giving stating the	G	line Deco tenis-seles resiles M	ole (v.	7
DISEASES rise to the UN DERLYIN OTHER SIG TO THER DISEASE OF THE UN DEALER OF THE UN DEALER OF THE UN DEALER OF THE UNITED THE UNIT	o, oslhenio, etc. It meons omplication which caused ANTECEDENT CAUSES OR CONDITIONS, it has been couse (A) and CONDITION last. II NIFICANT CONDITIONS (B) CEATH BUT NOT RELE R CONDITION CAUSING	s the disease, d deoth.) S ony, giving stating the CONTRIBUTING ATED TO TH	G	Cenis-seles Polietes MM	ol 208. †F YES, WEF	RE FINDINGS CONSIDERED
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DISEASES rise lo I UN DERLYIN OTHER SIG TO THE DISEASE O 19A. DATE (OR CONTRI DEATH (not)	o, oslhenio, etc. It meons omplication which caused ANTECEDENT CAUSES OR CONDITIONS, il the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS (I NOT RELEVANCE CONDITIONS (I NOT RELEVANCE) (I NOT PER CONDITION CAUSING OF OPERATION (I P.B. CONDITIONS (I NOT PER CONDITIONS (I NOT	s the disease, d deoth.) S Ony, giving stating the CONTRIBUTING ATED TO TH IT. NOTITION FOR VERFORMED 218. hom etc.)	G E WHICH OPERATION PLACE OF INJURY (e.g., in the control of the	20 A. AUTOPSY? (Yes or No n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	O) 20B. IF YES, WEI IN CERTIFYING ((If in Bottin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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NOTHER SIGN TO THE DISEASE OF THE DI	e, osthenio, etc. It means omplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the obove couse (A) NG CONDITION last. II NIFICANT CONDITION 1 REL. R CONDITION CAUSING OF OPERATION 198. CON WAS PER CONDITION (Doy) (Year) ENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Year) (Month) (Doy) (Year) Ty that (1) (this hospito be) last sow the decease and from the couses stated that the couse stated that the couses stated that the couses stated that the couse state	ony, giving stating the CONTRIBUTING ATED TO TH IT. NDITION FOR WARPORMED 218, hometc.) (Hour) 21E, White was a contract to the contract to	WHICH OPERATION PLACE OF INJURY (e.g., integration of the property of the pro	20 A. AUTOPSY? (Yes or Not provided in or about 21 C. WHERE DID find the state of t	ON 20B. IF YES, WEI IN CERTIFYING (Off in Bottin URY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? note City, give exact location of the control of the co

A COLUMN TO THE PARTY OF THE PA Corner Vecongruentes FOR 5- Jung C.V. 48 FALL 6 500 Janon W. Gradus X. Fee 3 1755-Toson H. Gaskel, MD 1375 Conkling So Bahini 10 Hel Average Teldi Infe

the body was released to the haspital by a medical examiner. Alsa, if the direct ar cantributing cause af death shaws: (1) An accident af any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased

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BALTIMORE CITY HEALTH DEPARTMENT

Kelson Funeral Home 1348 Calhoun St.

	AME OF DECEAS		arter, V	Vernon J.			2-4-68		10:15
FUL	LL NAME OF		100	RONDUNCED DEAD		. COUNT	TY	12	esidence befare odmi
INS	NOITUTION			oital, Inc.	Baltimo E. STREET AND NU 300 E.	MRED		YES EX	100000
5. SI		RACE	1	RRIED NEVER MARRIED	20 00 .	1.	ast birthday	If Unde Months	Pays Haurs N
dane	USUAL OCCUPA during mast af work	ing life, even if	retired)	ND OF BUSINESS OR INDUSTR	The state of the s				ZEN OF WHAT COU
	FATHER'S NAME	nd Car		3	Baltimo 14. MOTHER'S MAI Rober				U.S.A.
	Was Deceased Events, no or unknawn) (If			16. SOCIAL SECURITY NO. 21614.0655	17. INFORMANT Mr. Verno	n Car	rter, Jr.	-Son l	ADDRESS 237 Kevin
	(This does not heart failure, ast injury or complic	MEON TO C meon the m henio, etc. It	ode of dying, means the di caused death.	(A) IMMEDIATE C. sease, DUE TO, OR A	AUSE S A CONSEQUENCE OF COLOR Into Co			bp	
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TIFICATION	(This does not heart failure, ast injury or complic AN DISEASES OR rise to the UNDERLYING C	MOING TO E meon the m henio, etc. It cotion which TECEDENT C CONDITION obove cous CONDITION I II ANT CONDITION OUT NOT RELAT DITION GIVEN PERATION 179	DEATH ode of dying, means the di caused death. AUSES S, if ony, e (A) stolin last. NS CONTRIBL ED TO THE TERM IN PART I (A).	giving g the (C)	S A CONSEQUENCE OF	reicht.	e fermi		CONSIDERED DEATH?
L CERTIFIC	(This does not heart failure, ast injury or complice AN' DISEASES OR rise to the UNDERLYING CONTROL OF THE SIGNIFICATION THE DEATH BUSEASE OR CONTROL OF THE SIGNIFICATION THE SIGNIFICATI	MAS UNDERL	DEATH ode of dying, means the di caused death. AUSES S, if ony, e (A) stoling ast. NS CONTRIBL ED TO THE TERR IN PART I (A). B. CONDITION AS PERFORME	giving g the (C)	20 A. AUTOPSY? (1) Yes In ar about 21 C. WHER	es ar No)	208. IF YES, WEI	RE FINDING CAUSES OF	S CONSIDERED DEATH?
DICAL CERTIFIC	This does not heart failure, ast injury or complice AN' DISEASES OR rise to the UNDERLYING CONTRIBUTION OF CONTRIBUTION DEATH (natify me	MAS UNDERLA	DEATH ode of dying, means the di caused death. AUSES S, if ony, e (A) stoling ast. NS CONTRIBL ED TO THE TERR IN PART I (A). B. CONDITION AS PERFORME	giving Gallon (C)	20 A. AUTOPSY? (1) 20 A. AUTOPSY? (1) 21 F. HOW	es ar No)	208. IF YES, WEI	RE FINDING CAUSES OF	
MEDICAL CERTIFIC	This does not heart failure, ast injury or complice AN' DISEASES OR tise to the UNDERLYING OF UNDERLYING OF TOTAL ACCIDENT OR CONTRIBUTING DEATH (natify me 21D.TIME (APPROX.) 22. 1 certify the thot (1) (we) lose the contribution of the contribut	MAS UNDERLATION (Day) WAS UNDERLATION (Day) WAS UNDERLATION (Day) The control of the control	DEATH ode of dying, means the di caused death. AUSES S, if ony, e (A) stoling last. NS CONTRIBL ED TO THE TERM NIN PART I (A). BE. CONDITION (AS PERFORME LYING OF (Year) (Hau aspital) attel leceosed alive less stoted ob	giving g the (C)	20A. AUTOPSY? (1) 20A. AUTOPSY? (1) Yes, in ar about 21C. WHER affice bldg., INJURY of the body often	es ar No) E DID CCUR? DID INJU	208. IF YES, WEI IN CERTIFYING (If in Baltin JRY OCCUR? 9 68 to Fe at In (my) (our) of	RE FINDINGS CAUSES OF more City, given the common terms of the com	y 4 19 19 oth accurred on the
MEDICAL CERTIFIC	This does not heart failure, ast injury or complice AN DISEASES OR tise to the UNDERLYING CONTRIBUTION TO THE DEATH A DISEASE OR CON 19 A. DATE OF OF CONTRIBUTION DEATH (natify me of INJURY (APPROX.) 22. 1 certify the thot (I) (we) to ond hour and free or control	MAS UNDERLATION (Day) WAS UNDERLATION (Day) WAS UNDERLATION (Day) The control of the control	DEATH ode of dying, means the di caused death. AUSES S, if ony, e (A) stoling last. NS CONTRIBL ED TO THE TERM NIN PART I (A). BE. CONDITION (AS PERFORME LYING OF (Year) (Hau aspital) attel leceosed alive less stoted ob	giving (B) DUE TO, OR A (B) DUE TO, OR A (B) DUE TO, OR A (C) DUE TO, OR A	20A. AUTOPSY? (1) 20A. AUTOPSY? (1) 20A. AUTOPSY? (1) 21F. HOW	es ar No) E DID CCUR? DID INJU	208. IF YES, WEI IN CERTIFYING (If in Baltin	RE FINDINGS CAUSES OF more City, given the common terms of the com	y 4, 19

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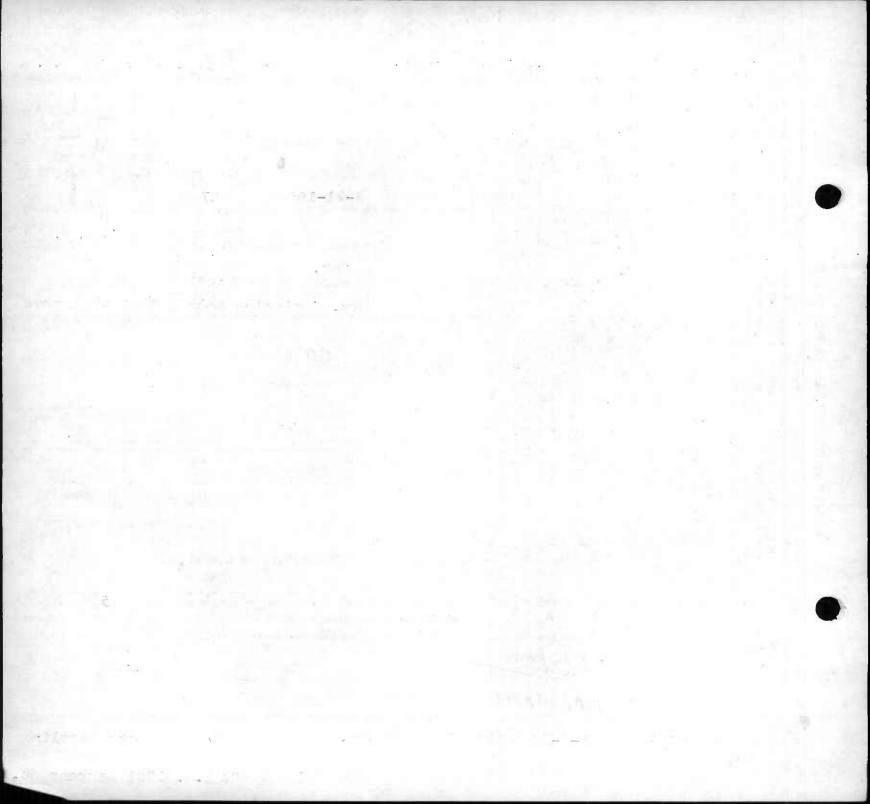
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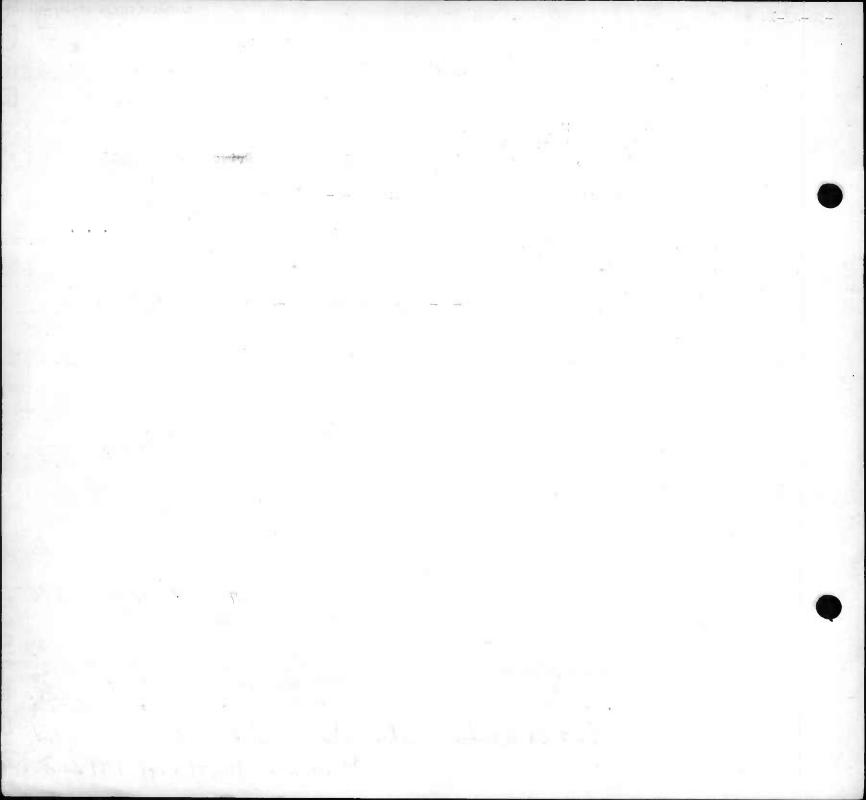
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FUNERAL DIRECTOR: IMPORTANT	the hospital by a medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the cond (6) No physician was in regular attendance on the deceased prior to death. Such the obtained hefore the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, such he obtained he fore the remains are embalmed or final disposition is made.
	t t s y e

BIRTH NO.			CERTIFICA	TE OF DEATH	REG. NO	
NAME OF DEC	EASED			2. DATE	AND HOUR OF DE	ATH
Type or Print)	Pop	e, Susie	(Sye)) Fe	bruary 3, 1	.968 12:50 a.m.
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	INCED DEAD		Where deceased lived.	. If institution: residence before admission
					vland	7717
OSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU ATION)	TION, GIVE STREET	C. CITY OR TOWN	U	INSIDE CITY LIMITS?
NSTITUTION	rovident Hosp	ital				YES TO NO
	514 Division			E. STREET AND NUMBER	timore	1E3 140
- 3 /				500		Arranua
SEX	Altimore, Mar	1-	Taleven Hannier T	B. DATE OF BIRTH	9. AGE (In years	I II IIndex 1 Ve If IIndex 24 H
		7. MARRIED			lost birthday	tf Under 1 Yr. If Under 24 H Months Doys Hours Min.
Female	Negro	WIDOWED		4-21-1900	67	12. CITIZEN OF WHAT COUNT
	working life, even if retired)	KIND OF	BOSINESS OK INDOSIKI	II. BIRTHEACE (SIDIE OF	loreign country	12. GINZER OF WITH COOK
Reti	red			Virginia		U. s. A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
TT	nk.			Unk.		
5. Wos Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown	(If yes, give wor or dote	es of service)	SECURITY NO.	Mrs. Chris	tine Long	5008 Chalgrove
18./50			CAUSE OF DEAT		C111C 20119	APPROXIMATE INTERVAL
rise to th	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	any, giving		A CONSEQUENCE OF:	ophogus	
rise to the	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO	any, giving stating the ONTRIBUTING THE TERMINAL	(B)		**************************************	
rise to the	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. COP	any, giving stating the ONTRIBUTING THE TERMINAL RT I (A).	(c)		or No) 20B. IF YES, V	VERE FINDINGS CONSIDERED 5 CAUSES OF DEATH?
NOTHER SIGNITOR TO THE DEAD DISEASE OR O 19A. DATE O 19A. ACCIDE OR CONTRIB DEATH (notif	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO 1 CONDITION GIVEN IN PAI F OPERATION 198. COP	any, giving stating the Stating the Stating the TERMINAL RT 1 (A). NOTION FOR VERORMED	(C)WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	S A CONSEQUENCE OF:	or No) 20B, IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED
NOUL TO THE DEAD DISEASE OR CONTRIB DEATH (notif	OR CONDITIONS, if the abave cause (A) G CONDITION last. FICANT CONDITIONS CO. TH BUT NOT RELATED TO 12 CONDITION GIVEN IN PAI F OPERATION 198. CONWAS PER ENT WAS UNDERLYING 1100 CAUSE OF	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED	(C)WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	20 A. AUTOPSY? (Yes of the bidg., INJURY OCCU	or No) 20B, IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH?
NOOT POTENTIAL TO THE DEAD TO THE DEATH (notified of the potential to the potentia	OR CONDITIONS, if the abave cause (A) G CONDITION last. I	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTHION FOR WARFORMED 21B, hometc.	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, o.) INJURY OCCURRED ile A1 Not Whi	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DIffice bldg., INJURY OCCU	D (If in Bo	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH?
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nise to the UN DERLYIN NOTHER SIGNITO THE DEAD DISEASE OR (1974. DATE OF CONTRIB DEATH (notified of this property) 21 A. ACCIDIO OR CONTRIB DEATH (notified of this property) 21 D. TIME OF INJURY (APPROX.)	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO. TH BUT NOT RELATED TO 12 CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer) (Month) (Doy) (Year)	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTHION FOR WARFORMED 21E, Wh. Wo.	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, o.) INJURY OCCURRED ile A1 Not Whi	20A. AUTOPSY? (Yes of in or obout 21 C. WHERE Diffice bidg., 21 F. HOW DIC	D (If in Bo	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
nise to the UN DERLYIN NOTHER SIGNI TO THE DEAD DISEASE OR (19A. DATE OF OR CONTRIB DEATH (notif) 21A. ACCIDI OR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CONTINUES CONDITION GIVEN IN PART FOPERATION 198. CONWAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exomined (Month) (Doy) (Year)	any, giving stating the Statin	WHICH OPERATION PLACE OF INJURY (e.g., le, form, foctory, street, or injury occurred like At Not Whith the deceosed from 15.5	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Diffice bidg., INJURY OCCU	D (If in Bo	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Oltimore City, give exact locotion)
nise to the UN DERLYIN NOTHER SIGNI TO THE DEAD DISEASE OR (1) 21A. ACCIDIO OR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 198. COP WAS PER UTING CAUSE OF y medicol exominet (Month) (Doy) (Year) y that (1) (this haspita)	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR MED 21E. Whometc. Who would attended the dalive on	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, of the control	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Diffice bidg., INJURY OCCU	D (If in Bo	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Oltimore City, give exact locotion)
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NOTION TO THE SIGNITO THE DEAD DISEASE OR CONTRIBED DEATH (notification) and the significant of the signific	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO. TH BUT NOT RELATED TO TO.	any, giving stating the Statin	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, or injury occurred hat work he deceosed from January 5, 10) (We) (did) (did not)	in or obout 21C. WHERE Diffice bldg., INJURY OCCU 21F. HOW DIC 21F. HOW DIC 30 19 an view the body ofter december of the blood of the of the bl	D (If in Bo	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Sitimore City, give exact location) Fabruary 1969
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NO IT O THE SIGNI TO THE DEAD DISEASE OR CONTRIB DEATH (notified of the contribution) and the contribution of the contribution	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO. TH BUT NOT RELATED TO TO.	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). Whom the transfer of the terminal representation of the terminal	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, of the control	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DID 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D (If in Bo INJURY OCCUR? 19 to d that in (my) (our orth. Staff Phys.	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Oltimore City, give exact locotion) February 1969 opinian deoth occurred on the december 238, DATE SIGNED 2-5-68
mise to the UN DERLYIN NOTHER SIGNITO THE DEAD DISEASE OR COTTO THE DEAD DISEASE OR COTTO THE DEATH (notified or the control of the control	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO. TH BUT NOT RELATED TO TO. TONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exomines) (Month) (Doy) (Yeas) y that (1) (this haspital) lost saw the deceose and from the couses stor URE AN'S Type)	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTHON FOR WARPORMED 21B. hom etc. Who would attended the dalive on	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, or injury occurred at work he deceosed from the deceo	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Diffice bidg., INJURY OCCU 21F. HOW DIC	INJURY OCCUR? 19 to d that in (my) (our oth. Staff Phys. D. LOCATION	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH? Oltimore City, give exact locotion) Fabruary 3, 1969 opinian deoth occurred on the december of
mise to the UN DERLYIN NOTHER SIGNITION THE DEAD DISEASE OR CONTRIB DEATH (notified of hyperson) 21A. ACCIDION CONTRIBUTION (APPROX.) 22. I certify that (I) (we and hour or 23A. SIGNAT 23C. PHYSICI NAME (CONTRIBUTION NAME)	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CONTINUES TO PERATION 198. CONTINUES WAS UNDERLYING UTING CAUSE OF y medical examines) (Month) (Doy) (Year) The course of the course story of the course story can be coursed and from the course story medical examines) WE CAUSE OF y medical examines) When the course story can be considered as a c	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTHON FOR WORK (Hour) 21E, Wh wo all) attended the dalive on otted obove. (In the control of	WHICH OPERATION PLACE OF INJURY (e.g., le, form, foctory, street, or injury occurred hat work he deceosed from 15 (we) (did) (did not) of the deceosed from	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Display of the body of the december of the body of the december of the body of the december of the body o	INJURY OCCUR? IN Staff Phys. Staff Phys. IV ision Structure of the control o	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH? Oltimore City, give exact locotion) February 5, 1969 o) opinian deoth occurred on the december 238. DATE SIGNED 2-5-68 eet (City, town, or county) (Store North Caroline)
nise to the UN DERLYIN NO IT O THE SIGNI TO THE DEAD DISEASE OR (19 A. DATE O) 21 A. ACCIDE OR CONTRIB DEATH (notified of the contribution of th	OR CONDITIONS, if the abave cause (A) G CONDITION last. II FICANT CONDITIONS CO. TH BUT NOT RELATED TO TO. TONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol exomines) (Month) (Doy) (Yeas) y that (1) (this haspital) lost saw the deceose and from the couses stor URE AN'S Type)	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTHON FOR WORK (Hour) 21E, Wh wo all) attended the dalive on otted obove. (In the control of	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, or injury occurred at work he deceosed from the deceo	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Diffice bidg., INJURY OCCU 21F. HOW DIC	INJURY OCCUR? IN Staff Phys. Staff Phys. IV ision Structure of the control o	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH? Oltimore City, give exact locotion) Fabruary 3, 1969 opinian deoth occurred on the color of the color



6	1 1 - 00			HEALTH DEPARTMENT		62.	- 1478	
BIRTH NO.	64268	- 147	78 CERTIFICA	TE OF DEATH	REG. NO		1470	
1. NAME OF (Type or Print)	John G	Varle	Jr. (Wes	sley) 7	CB 3 C	168	100	ц м.
FULL NAME	OF (IF NOT IN HOSPIT,	AL OR INSTIT	UTION, GIVE STREET	A. STATE B. COU Maryland		nstitution: reside	ince before admissi	on) .
HOSPITAL OF	Baltimore City	Hospit	als	c. CITY OR TOWN Baltimore	D. IN	YES A	NO [
31	4940 Eastern A Baltimore, Mary		21224	3615 Gelstor	Drive	2121	6	
5. SEX	Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-2-1901	9. AGE (In years last birthday)	If Under 1 N Months Doy	Yr. If Under 24 H ys Hours Min.	Irs.
	CCUPATION (Give kind of work st of working life, even if retired) red	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fo	ieign country)		S.A.	FRY?
13. FATHER'S	Unk.			14. MOTHER'S MAIDEN NA	AME			
15. Wos Dece (Yes, no oi unki	ased Ever in U. S. Armed Fornown) (If yes, give wor or date	ces? s of service)	16. SOCIAL SECURITY NO. 215-22-8285A	17. INFORMANT Records: BCH-4.9	0.0 Eastern		21224	
18			CAUSE OF DEAT		740 Dabbelli 2		PPROXIMATE INTERVA	L
(This do heart foil	SEASE OR CONDITION DIE LEADING TO DEATH es not meon the mode of ure, osthenio, etc. It meons complication which coused	dying, e.g., the diseose deoth.)		SE SQUAMION A CONSTOURNE OF:	cell Care		Ween ONSET AND DE MAGUETA	eal 67
	ANTECEDENT CAUSES		(B)					
rise lo	S OR CONDITIONS, if the obove couse (A) YING CONDITION lost.			A CONSEQUENCE OF:				
₹ TO THE D	DX II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO THE OR CONDITION GIVEN IN PAR	HE TERMINAL						
		DITION FOR	WHICH OPERATION	YES	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA	NSIDERED TH?	
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner	211 hor etc	ne, faim, factory, street, o	n oi obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?		ore City, give ex		
OF INJUI	RY		hile At Not While At Work		NJURY OCCUR?	//		
	tify that (I) (this hospital		3.17	12/27, 1968 and	19 67 to	$\frac{2}{3}$	19 68	lote
	ond from the causes stor				_			
23A. SIGN			() () () (The body offer deom	-	23 B. DATE SI	IGNED	_
De	avid H. Huff	mar	DEGREE Phy		Staff Phys.	2/3	168	
23C.PHYS	AE (Type)			23D. ADDRESS Balt	Lmore City H	ospitals		
	avid H. Huffmar			4940 Eastern A				
REMOV	CREMATION, AL (Specify) 14 248. DATE 2 - 7-4	68 We	Steen Sta	r Cem. (AtONU: 11	Sity, town, or co	(State	,
	EEB 7 1968	1 0 0	C. Falleyth	MORTUNE	Dyctt +	-H 17	ADDRESS 101 LAURE	as
VS 150- PEV	1/1/6R							



	BALTIMORE CITY	HEALTH DEPARTMENT
A RT	H NO. 68- 1479 CERTIFICA	TE OF DEATH Registered No. 68 1479
	. CASE NO.	2. DATE AND HOUR OF DEATH
	MARSHALL S. FORREST	
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deseased lived, II institution residence before admission)
		A. STATE B. COUNTY
	CULL NAME OF (If not in hospital or institution, give street	MARYLAND, DALTIMORE
į	OSPITAL OR oddress or location) NSTITUTION	C CITY OR TOWN (If outside city limits, write RURAL and nive township)
1	- 1 0 P	DAZTIMORE
	SINAI HOSPITAL OF BALTIMORE	D. STREET ADDRESS (If rurol, give location)
		3825 TAIRVIEW HUE
. \$	EX 6. RACE 7 MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
		12/30/96. 71
٥À	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during maked working life, even il celired) American Iron &	11. BIRTHPLACE (Stote of Joreign country) 12. CITIZEN OF Saint. Mary's CO WHAT COUNTRY?
on		MARYLAND U.S.A
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Mary ? ? ?
Yes	no or unknown) (II yes, give wor or dotes of service) SECLIBITY NO	17. INFORMANT ADDRESS
	Yes World War 1 212-10-1879-A	Mrs. Bessie Womack-4129 Fairview Ave.
	18. / 2 7 A CAUSE OI	F DEATH INTERVAL BETWEEN
	T. DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	URAL EFFUSION
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
	injury ar camplication which caused death.)	Court T
	ANTECEDENT CAUSES (B) CIH	RUNIC CONG. HEART FAILURE
	DISEASES OR CONDITIONS, if any, giving	
	rise to the above cause (A) stating the (C)	
	UNDERLYING CONDITION Iosi.	
z	434.1 II R/o	Hepatoma & Metastario & Elkerini
ATIOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	. A. urvolving (2) & (R)
3	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
RTIFIC	WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 215 WHERE DID. (It is Relimon City vive and leaster)
AL O	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n or obout 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
۷	DEATH (notify medical examiner) etc.)	
ш	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
ξ	(APPROX.) While At Not While At Work	e T
	22. I certify that (I) (this hospital) ottended the deceased from	FOB 1 1968 10 FOB 5 1968
		1.0
	and hour ond from the couses stated obave. (1) (We) (did) (did nat) v	iew the bady ofter death.
	23A. SIGNATURE	23B. DATE SIGNED
	Down In which. D. Atte	s. Director Phys. 2/5/68
	23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
	JOSEPH (DIMPE) M.D.	SIMA HOSPITAL OF BOLLING
4 A	BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stole)
	REMOVAL (Specify)	
	Burial 1/9/68 Baltimore Nation	al Cemetery Baltimore Maryland
)A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	FFR 7 1968 12 0 8 2 Fallman	Herbert E. Nutter-3035 W. North Ave.
1/5	150-REV. 1/1/65	



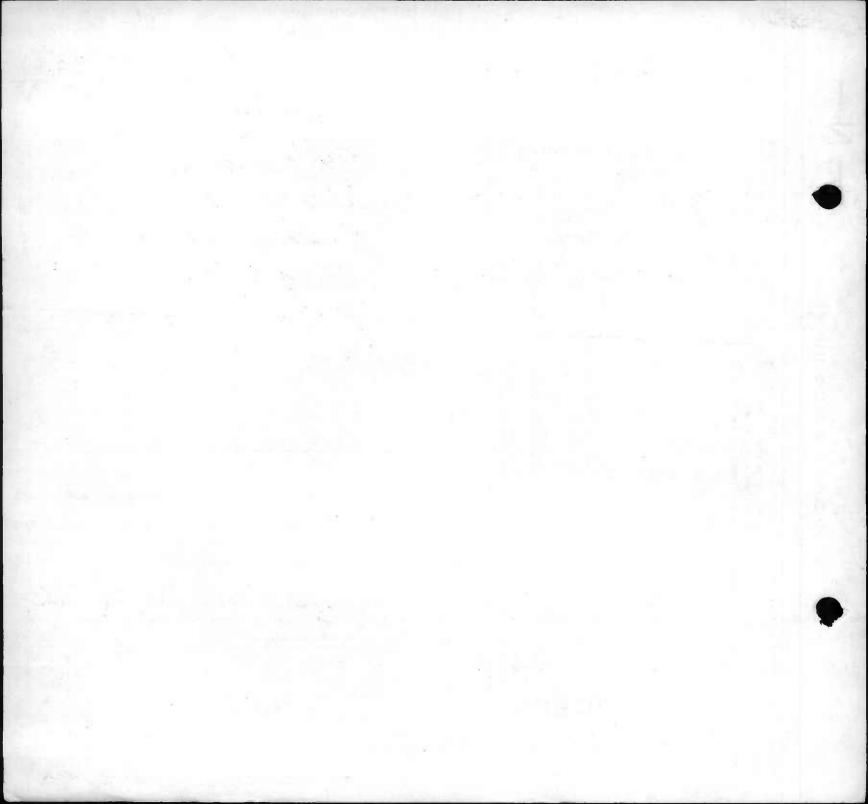
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	An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🚺	on the	and (6) No physician was in regular attendance on the deceased prior to death. Such	
5	Dec	9	ath.	
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BALTIMORE CITY HEALTH DEPARTMENT 68- 1480 REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) . USUAL RESIDENCE Where deceased lived. If WHERE PRONOUNCED DEAD 3. PLACE IN BALTIMORE, MARYLAND odmission) A. STATE B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS YES -NO E. STREET AND NUMBER B. DATE OF BIRTH If Under 24 Hrs. 6. RACE 9. AGE (In years II Under 1 Yr. 7. MARRIED NEVER MARRIED Hours lost birthdov Months! Doys WIDOWED X DIVORCED IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) done during most of working lile, even if retired) No 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Porces? (Yes,no or unknown) (If yes, give wor or dates of service) ADDRESS 6. SOCIAL SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUS (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. 163X 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Hour) 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an. and that In(my) (aur) apinion death accurred an the date and haur and from the capses stated abave. (1) (We) 🚧 (did not) view the bady after death. 23A. SENATURE 23B, DATE SIGNED Attending Z Med. Staff Phys. Director L 23C. PHYS CIAN'S NAME (Type) 23D. ADDRESS appro DEGREE 24A. BURIAL CREMATION, (City, town, or county) tStote) REMOVAL (Specify) HEALTH DEPT. EUNERAL DIRECTOR VS 150-REV. 1/1/6B



VS 150-REV. 1/1/6B

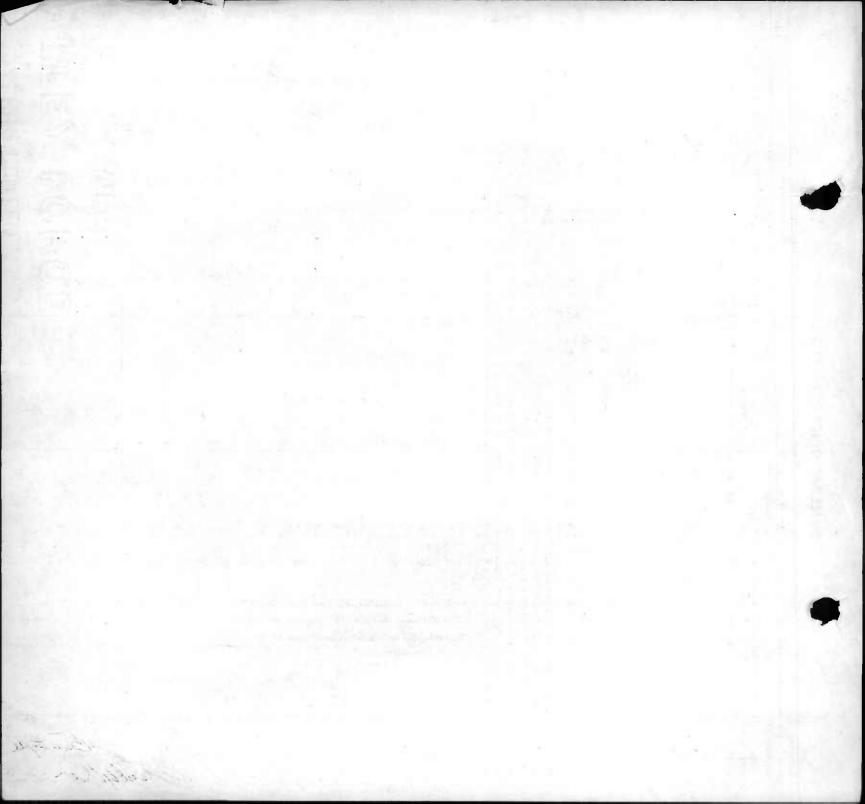
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68-	1481
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BALTIMORE CITY HEALTH DEPARTMENT

1481 68 REG. NO

1. NA	H NO. AME OF DECEASED			2. DATE AND H	OUR OF DEATH	•
Туре	e or Print) Lee, Leon			Februar	y 2, 1968	12:45 p. m.
3. PL	LACE IN BALTIMORE, MARYLAND, WHERE PI	NONOUNCED DEAD	4. USUAL RES	B. COUNTY	ceosed lived. If it	nstitution: residence before admission
FUL	L NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION. GIVE STREET	. M	arvland	24	20-0
105	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TO		D. INS	IDE CITY LIMITS?
	Provident Hospital		B	altimore		YES NO
X	1514 Division Stree	t	E. STREET AN	ID NUMBER		
	Baltimore, Maryland		1 2	32/ Caten		
. SE	6. RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BI		GE (In yeors birthday)	Months Doys Hours Min.
	110 21 0	WED DIVORCED	10/1/89		78	
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	CE (State or foreign co	ountry)	12. CITIZEN OF WHAT COUNTR
	Unemployed .		Vir	ginia		U. S. A.
F	ATHER'S NAME			MAIDEN NAME		
	Marchan 111 11	00	900	Po	-	
. W	vos Deceosed Ever in U. S. Armed Forces? no orunknown) (If yes, give war or dotes of ser	16. SOCIAL	17. INFORMAN	IT /		ADDRESS
es,	no of unknown/ lif yes, give war or doles of ser	vice) SECURITY NO.	11	1		my H. I.
1	1B. 1319	CAUSE OF DEAT	H Hus	go de	1464	APPROXIMANE INTERVAL
	DISEASE OR CONDITION DIRECTLY		2 0			BETWEEN ONSET AND DEAT
	33/X II		11/11/4			Ne en escrit
A	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	1 day to 4 4 4 4 4 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6				
TIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTO	PSY? (Yes at No) 20 IN	B. IF YES, WERE CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
_ 0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, cetc.)	in or obout 21 C. INJU	WHERE DID RY OCCUR?	(If to Boltimo	re City, give exoct location)
	21 D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21 F. (HOW DID INJURY	OCCUR?	
	OF INJURY (APPROX.)	While At Not Whi				
	22. I certify that (I) (this haspital) atten			37069 10	. 51	2 1050
	that (I) (we) last saw the deceased alive			/		
			relia;		(my) (aur) ap	inian death accurred an the da
	and hour and from the causes stated aba	ve. (I) (We) (did) (did not)	view the body	after death.		DATE SIGNED
	College Land	AH AH	ending	Med. Staff		23B. DATE SIGNED
	The design	DEGREE Phy	rs.	Director Phys	. 🗆	13/00
ľ	28C. PHYSICIAN'S NAME (Type)	LD , M. 1)	23D. ADDRESS	22 Kit	Fu Hon	AUE BALLIN
		DEGREE				
24A.		4C. NAME of CEMETERY of CR	EMATORY	24D. LOCA	TION	Ty toyo, Toyaty) (Stote)
24A.	BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)		EMATORY	24D. LOCA	TION	Sylly Toyaly) (Stote)
1	Build 3-7-68		4	RAL DIRECTOR	Olite	JON TOUS PARTIES ADDRESS



68- 1482

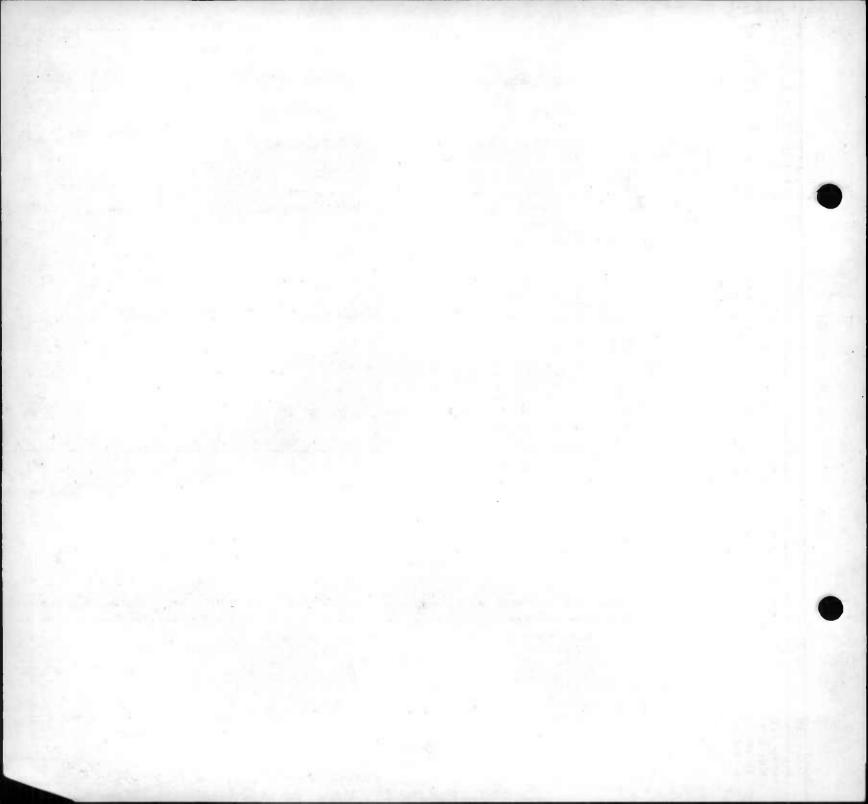
	LTIMORE CITY HE					68-	1.122
MEDICAL EXA	MINER'S C	ERTIFIC	CATE OF	DEATI	H REG. NO	00	The Marie
BIRTH NO. NAME OF DECEASED		2. DATE	Knawn X	Manth	Doy	Year	Hour
(Type or Print) ISSAAC WALKER	0.19.	OF DEATH	Estimoted	1	28	68	7:30 a M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	3. DATE		Manth	Doy	Year	Hour Q
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION) OR INSTITUTION	GIVE STREET		NCED DEAD JE SIDENCE (Where	anuary		1968	7:30 a N
2208 Henneman Ave.		A. STATE	Maryland		B. COUNTY		
6. SEX 7. RACE B. MARRIED N	IEVER MARRIED	C. CITY OR	TOWN	P (D)	D. INSIDE CIT	Y LIMITS?	
Male Colored WIDOWED	DIVORCED	Bal	to.		YE	SIN	10 🗆
9. DATE OF BIRTH 10. AGE (In years If Under Months,	1 Yr. If Under 24 Hrs. Days , Hours , Min.		ND NUMBER				
Stol 25-1918 48			Henneman	Ave.			
11. BYTHPLACE(State or foreign country) 12. CITIZ WHA	EN OF T COUNTRY?	13. FATHER	NAME	, ,	/		
Va A	44	1 M	If a	alk	el		
14A. USUAL OCCUPATION (We kind af wark) 14B. KIND OF BUS done during mastaf wayting life even if retired)	INESS OR INDUSTRY	LIST WOLHER	MALLER NAT	Low	e In	,	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknown)(If yes, givenwar ar dates af service)	SOCIAL SECURITY NO.	18. INSORM	ANT	1	AC	DRESS	
tres, no di sincia di service,	SECORITI NO.	1/01	ul Ho	unde	BOYL	10	
19.	CAUSE OF DEA	тн		11201			PROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Rupture	of aneu	rysm into	brone	his	1,4	
LEADING TO DEATH	(A)IMMEDIATE	AUSE			~~~~~~~~~		
(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
injury or camplication which caused death.)							
ANTECEDENT CAUSES	(B)	AS A CONSEC	VIENCE OF				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DOE 10, OK	AS A CONSEC	POENCE OF:				
UNDERLYING CONDITION LAST.	(C)						
452 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WH							
20A. DATE OF OPERATION 20B. CONDITION FOR WH	ICH OPERATION W	AS PERFORM	ED			21. AUTOF	PSY? (Yes ar Na)
0 2							YES
	CE OF INJURY (e.g., m, factory, street, affic	in ar abaut 2	2C. WHERE DID	(If in Baltimor	e City, give exa	ct lacation)	1150
☐ UTING ☐ CAUSE OF DEATH.							
OF IN HIRY	NJURY OCCURRED		2F. HOW DID IN	JURY OCCL	JR?		
(APPROX.) WHILL WORL		WHILE ORK					
23. I certify that I held on Inquiry In	spection Au	topsy 🗓	ond that on t	hie hoeie	dooth in my	oninian	
Taxa	dent Suicio		micide		ned monner	_	
resulted from: National causes 24	dent Juicit		HIEF MEDICAL I		monner L		
ACTUAL DA A + MAR		ASSI	STANT MEDICAL I		X		DATE SIGNED
SIGNATURE EXAMINER'S	M.D		CIATE MEDICAL I				
NAME (Type) Edward F. Wilson	, M.D.	7550	CIATE MEDICAL	- AAAAAAAAA	Jan	uary 2	8, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY	or CREMATO	RY 24D.	LOCATION		, or caunty)	
Benef 1-31-68 =	Hum ll	Uch			Va		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	250.	UNERAL DIRECT	OR	A	DDRESS	
FEB 7 1968 (2.Cab)	E. Calley M.	1	2. 8 RAD	un Os	France	100.	100
VS 151-REV. 1/1/6B	8 1 - 1	- 5	Denel	11/10	1001 111	i ex.	ensa

WALLEY FOR

oute	1	- Company	g vi	3	BALTIMORE CITY HEALTH D	PEPARTME
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BIRTH NO.	CERTIFICA	TE OF DEATH	S. No. 967 1483
1. NAME OF DECEASED		2. DATE AND HOUR O	F DEATH
(Type or Print)	2	1-110	1 - 1 - 2
JONES, JOHN	D.	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WE		A. STATE B. COUNTY	18-01
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET	Maryland Ic. CITY OR TOWN	D. INSIDE CITY LIMITS?
INSTITUTION		C. CITT OK TOWN	YES NO
(47)		Baltimore E. STREET AND NUMBER	YES NO NO
Dolton Hill Numaina	Control cocont Ctm		
Bolton Hill Nursing &	Convarescent Ctr.	945 Bennett Place	
5. SEX 6. RACE	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	
M Negro	WIDOWED TO DIVORCED	7/7/05 72	, italia
10A, USUAL OCCUPATION (Give kind of work)		11 RIPTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
done during most of working life; even if retired)		The Brain and Calone of Toleran Cooming	The state of the s
1/alien		Maryland	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Uliknown		Unknown	
15. Was Deceased Ever in U. S. Armed Forc	es? 1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	0	
185	218-07-0866A	Mue Couling	o semis
18. 2 50. 9 1	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY		
LEADING TO DEATH	(A)IMMEDIATE CAL	15E Cenalral Vesent	an aurolet 2 needs
(This daes not meon the made of	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF: Ten and	21
heart failure, asthenia, etc. It means injury ar camplication which caused		reve wa	au.
	dediii./	1 1 1 0	
ANTECEDENT CAUSES	(B) ash	alixed a thousers	Lo
DISEASES OR CONDITIONS, if a	iny, giving DUE TO OR AS	A CONSEQUENCE OF:	
rise la the abave cause (A)		11 Porto	
UNDERLYING CONDITION last.	(c)	VANO VVIII	
- 260X II			
O OTHER SIGNIFICANT CONDITIONS CON			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART			
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
WAS PERF	ORMED	IIV CERII	TING CAUSES OF DEATH:
19A. DATE OF OPERATION 19B. CONI WAS PERF	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If	in Baltimore City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	
DEATH (notify medical examiner)	esc.)		
Q 21 D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCL	R?
OF INJURY (APPROX.)	While At Not Whi		
	Work At Work		= 10 00
22. 1 certify that (1) (this haspital)	ottended the deceased from	8/15 19 671	0 2/5 1968.
that (I) (we) lost saw the decease	d alive on	19and that in(my)	(our) opinion deoth occurred on the dote
ond haur and from the couses stat	ed obdive. (i) (we) (did) (did not)	view the bddy offer deoffi.	238, DATE SIGNED
23A. SIGNATURE	P11111		238, DATE SIGNED
(2)	May and Phy	ending Med. Staff Phys.	2/3/65
23C. PHYSICIAN'S	DECKEE	23D. ADDRESS	
23C. PHYSICIAN'S NAME (Type)		- F Pa Act	20+ NO
Allan Macht	M.D. DEGREE	2 - Peters SI	and ind
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town or county) (Stote)
REMOVAL (Specify)	batt n. A	(b.// b.	
x-8-08 12mm	vale nou	Dal	w m
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	29C. FUNERAL DIRECTOR	ADDRESS
FFR 7 1968 G	ر د د د د د د د د د د د د د د د د د د د	Must Welson, nx	Pruntake
VS 150-REV. 1/1/6B			- Jan wy

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•	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPOR	TANT		•			0	R
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death if any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased in except where the physician who pronounced death was in regular attendance on the contraction.	by a medical by a medical by a property burner the physical burner the physical burner	sical examiner cal examiner ns; (3) A fractician who pro	r or his assi . Also, if thure of any honounced	stant in direction directi	f deatict or Unde	h occurre contribut stermined	ting ca d cause	hospite use of ; (5) Dec	death death ceased on the	260

hospital

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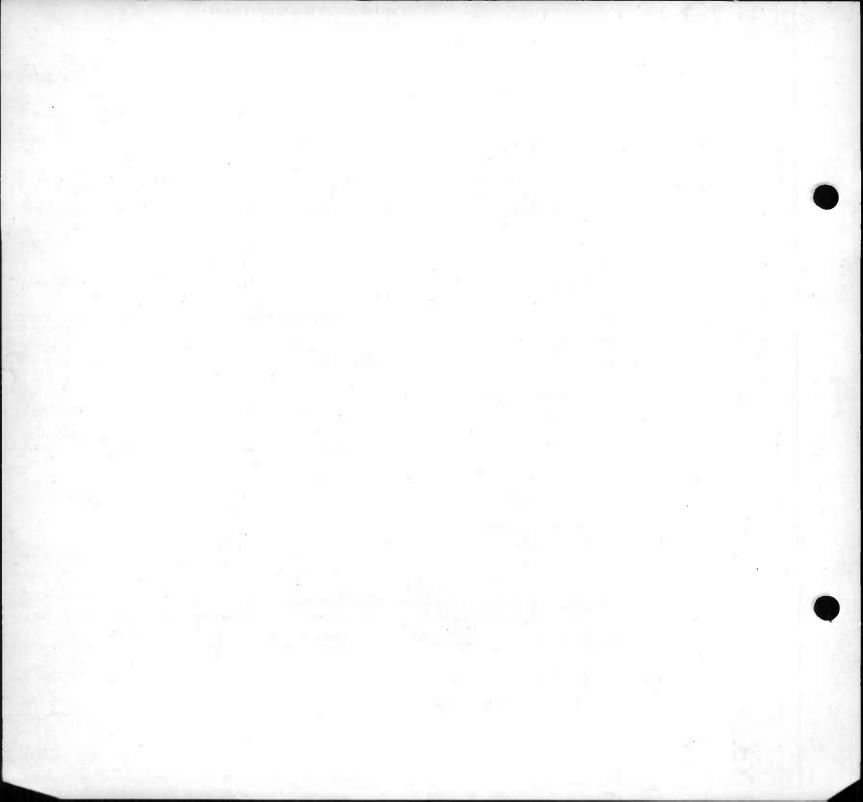
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BALTIMORE CITY HEALTH DEPARTMENT 68- 1484 REG. NO CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 50 IDA FEB RICHARDSON 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE ARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTO YES NO prior E. STREET AND NUMBER disposition is made. 5. SEX 9. AGE In years DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 6. RACE 7. MARRIED NEVER MARRIED deceased lost birthdoy WIDOWED DIVORCED IGA USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) UNKNOWN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LINKNOWN UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORM ANT ADDRESS 6. SOCIAL SECURITY NO attendance 14-56-CAUSE OF DEATH 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed MIN ARREST LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. Il meons the disease, regular injury at camplication which coused death.) THEROSCLE ROSIS ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the BRONCHOPNEUMONIA UNDERLYING CONDITION lost. obtained before the remains 11 420.1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED CERTIF 0 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (ff in Baltimore City, give exoct tocotion) Ŷ MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED 9 OF INJURY White At r Not While (APPROX.) Work At Work and 22. I certify that (1) (this hospital) attended the deceased from 57 EB ond that In(my) (our) opinion death occurred on the date that (I) (we) lost saw the deceased alive on pe eath) and hour and from the causes stated above. (10 (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Mad. 0 Phys. approval Director 23 C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) MOTH DEGREE 24A. BURIAL CREMATION. CEMETERY OF CREMATORY eceased county) REMOVAL |Specify Bury 2-25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS EUNERAL DIRECTO

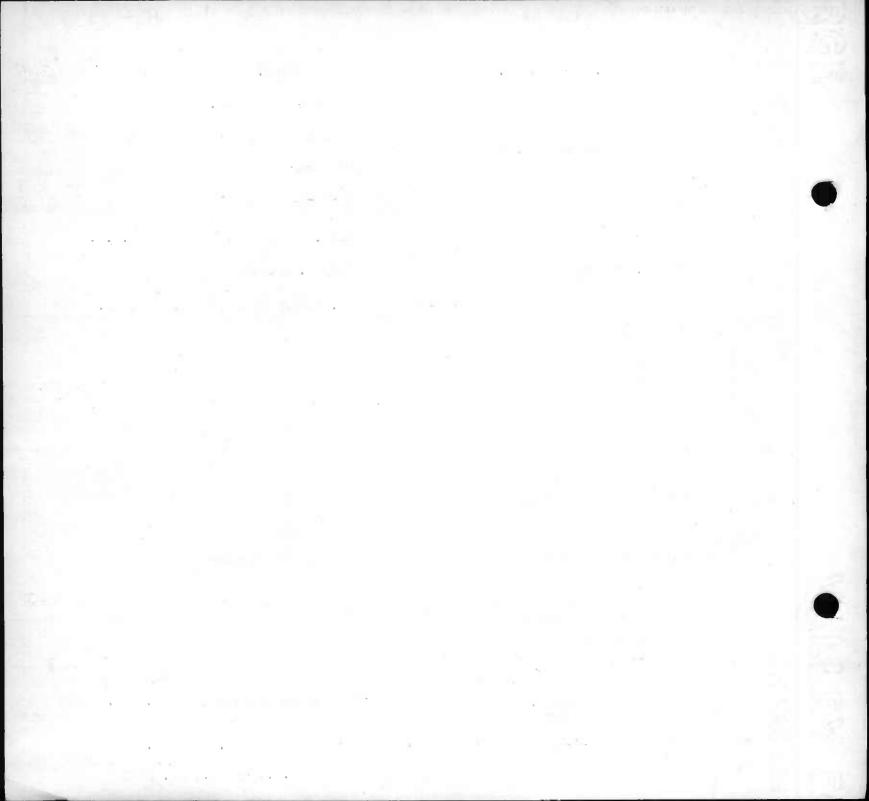
VS 150-REV, 1/1/68



•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
must be approved !	by the chief medical examiner	must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
cident of any natu	ntal by a medical examiner. re: (2) Body burns: (3) A fractu	sleased to the hospital by a medical examiner. Also, it the direct or contributing cause of dearning cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
hospital (except	where the physician who pro	hospital (except where the physician who pronounced death was in regular attendance on the
to death); and (6)	No physician was in regular	to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
of much be chedines	La bolono the remaine are sanha	of mines to obtained to the semantic are embalmed or final disposition is made

1435	68- 1485	CERTIFICATE OF DEATH REG. NO. 68- 1485
Che et d	BIRTH NO. 1. NAME OF DECEASED	
death death cease on th	(Type or Print) Alden L. Holden, Sr. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCES	Feb. 6. 1968 7.'co A, M
of		A. STATE B. COUNTY
a hos ause e; (5) ndan	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	C. CITY OR TOWN
ting causer attemption	3627 Gelston Drive	E. STREET AND NUMBER
ar ar de.		3627 Galston Drive
ntrib rmine egulo ased	5. SEX 6. RACE 7. MARRIED X NE Male White WIDOWED	VER MARRIED B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min. DIVORCED 12-20-02
o o o o o o o o o o o o o o o o o o o	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSH	
or condet	done during most of working life, even if refired) Retired	Balto. U.S.A.
if dea ect or t) Unc was the d positi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
directly (4)	Alden L. Hölden	Mary E. Holden
ind ind eat	(Yes, no or unknown) (If yes, give wor or dates of service)	ocial 3627 Galston Drive -03-3055A Mrs. Alden Holden, Baltimore, Md. 21229
S + 1 = #		
Also, if e of any nounced attended or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE Carcinon Tosia
iner ner. actur pror ular mbal	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES	DUE TO, OR AS A CONSEQUENCE OF:
exami exami (3) A fr in who in reg is are e	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS A CONSEQUENCE OF (C)
medical sedical e burns; (3 hysician in was in	0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
chief ry a m Body the p ysicia	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION 20A. AUTOPSY? Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
y the tal by e; (2) here No ph	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLAC home, for	E OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) in, factory, street, office bldg., INJURY OCCUR?
hospi natur ept w d (6) l	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJU OF INJURY (APPROX.) While At Work	RY OCCURED 21 F. HOW DID INJURY OCCUR? Not While At Work
ppro the any (exc ; an	22. I certify that (I) (this hospital) attended the det that (I) (we)—lost saw the deceased alive on	ceased fram $12-20-1966$ to $2-6-1968$ 2-5-1968 and that in (my) (ever) apinion death occurred an the date
0 0 7 7	ond haur and from the causes stated above. (1) (We	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ust be gased dent ospit deat must	23A. SIQNATURE	238, DATE SIGNED
must eleas ccide a hos to de al mu	Clarry V Kan	Attending Med. Staff 2-7-68
0 - 0 >	23C. PHYSICIAN'S NAME (Type) Harry L. Knipp	23D. ADDRESS 4116 Edmondson Avenue, Balto., Md. 21229
キャラのです	24A. BURIAL CREMATION, 248. DATE 24C. NAME of REMOVAL (Specify)	
	Burial 2-9-68 Lorra 25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REC	ine Park Cemetery Balto. Md. SISTRAR 25C. FUNERAL DIRECTOR 4101 Edmondson Avenue
This the show was dece	FEB 7 1968 (1) Cut E	Witzke F.D., Balto., Md. 2122

VS 150-REV. 1/1/6B



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital

VS 150-REV. 1/1/68

68- 1486

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

68	-	1	4	8	6

BIRT	CERTIFICATE OF DEATH							
	NAME OF DECEASED				2, DATE AND HOUR OF DEATH			
(Lyp	Bessie A. Romoser				2.	-6-68	4 P	
3. P	LACE IN BALTIMORE, M			CED DEAD	4. USUAL RESIDENCE		f institution: residence before admission	
					Maryland	Balto.	1903	
10	SPITAL OR ADD	OT IN HOSPITAL CRESS OR LOCATION	OR INSTITUTE N)	ON, GIVE STREET	C. CITY OR TOWN		NSIDE CITY LIMITS?	
NSTITUTION							YES Y NO	
1330 W. Lombard Street					Baltimore YES Y NO			
1	1330 11.	Dombar a	001 000		1330 W. Lombard St.			
. SI	EX 6. RACE	Ī7 .			B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hr	
			200	NEVER MARRIED		lost birthdoy)	Months Doys Hours Min.	
	Female W		ID OWED 🔼	DIVORCED	1-19-1888	80		
	during most of working lite,		KIND OF BU	ISINESS OR INDUSTRY	111. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNT	
					Balto., Mo	i.	U.S. A.	
3. F	ATHER'S NAME			14. MOTHER'S MAIL	DEN NAME			
	Continue					0-1-		
E 14	Grimm			COCIAL	17. INFORMANT	- Grimm	ADDRESS	
es,	Was Deceased Ever in U. S. Armed Forces? in no or unknown) (Iff yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.				17. INFORMANT		ADDRESS	
	18. // / 5 9	1		CAUSE OF DEAT	Н	7	APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY ACLUST 6				F CORON	ARY THRO	MBOS,	
	LEADING TO DEATH						1 lur	
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL DUE TO, OR AS			A CONSEQUENCE OF:				
						-011 Cal	1. Dec	
	injury or complication which coused death.) ANTECEDENT CAUSES ARTERIOSICLEROTIC CV DISEASE 1545							
1	(B)							
	DISEASES OR COND		-	DUE IO, OR AS			3.0 Uda	
	UNDERLYING CONDIT		ing inc	(c) VIRI	74 /10	VEUMONI	113 Facy	
ŀ	1/2-1	11						
Z	OTHER SIGNIFICANT CO		BUTING					
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19. OATE OF OPERATION 198. CONDITION FOR WHICH OPERATION				20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
ERTIFIC	WAS PERFORMED					IN CERTIFYING	CAUSES OF DEATH?	
O	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or contributing CAUSE OF home, form, foctory, street, or etc.)				n or obout 21 C. WHERI	E DID (If In Boltie	more City, give exoct location)	
					ffice bldg., INJURY OC	CUR?		
2								
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At Work				DID INJURY OCCUR?			
2								
ŀ	22. I certify that (1) (this haspital) attended the deceased from				an 26	19 68 to 1	FEB 6 1965	
	that (I) (we) last sow the deceosed clive on FEB 6 19 6 8 and that in (my) (our) opinion death occurred on the deceosed.							
				A COMMON TO STATE OF THE PARTY			opinion deorn occurred on the de	
L	ond hour ond from the	causes stated	obove. (1) ((did) (1000)	riew the body ofter	deoth.		
	23A. SIGNATURE						23 B. DATE SIGNED	
	Moman R Klerman Atte				ending Med.	or Staff Phys.	2/7/68	
ł	230 PHYSICIAN'S 23D. ADDRESS							
	NAME (Type)	man Kleim	an			andon Arena	Polto Ma 24200	
Ш				DEGREE			Balto. Md. 21229	
24A	BURIAL CREMATION, REMOVAL (Specify)	248. DATE	24C. NAM	E of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or county) (Stote)	
	Burial	2-9-68	7	oudon Bark (amet enur	Balto.	Md.	
25A	DATE REC'D BY HEALT	H DEPT. 25B.	NAME OF		25C. FUNERAL D	IDECTOR	ADDRESS	
	FFR 7	1968 Q	Du to	E, Janeton MA		4101 Edm	ondson Avenue	
	I I LU	1200 47	D. A. W.		"I Zke Fu	neral Director	s, Balto, Md. 21229	

Ment Courses managed yourself Agric and streethers have been areal. Contract of the Contract of th 1 4 24 32 EE 4 1 Homes & Karmin 19

- 1487 BALTIMORE CITY HEALTH DEPAR	TMENT
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68- 1487

	MEDICAL	EXAMINER'S	CERTIFICAT	E OF	DEATH.
--	---------	------------	------------	------	--------

BIRTH NO.		REG. NO.
1. NAME OF DECEASED		2. DATE Known Month Doy Yeor Hour
CARROLL W.	JAMES	OF DEATH Estimoted February 5, 1968 8:30 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRE		3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	PRONOUNCED DEAD February 5, 1968 8:30 A.M.
HOSPITAL ADDRESS OR LOCATION)		5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmission)
		A. STATE B. COUNTY
Baltimore City Hospital (I	00A)	Maryland Bulb. Co. 53-00
6. SEX 7. RACE 8. MARRI	ED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white WIDOW	ED DIVORCED	Baltimore VES X NO
male white WIDOW 9. DATE OF BIRTH 10. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
lost birthdoy)	Months Doys Hours Min.	
3-27-05 62		1221 Brandford Road
11. BIRTHPLACE (Stote or foreign country)	2. CITIZEN OF	13. FATHER'S NAME
Maryland	U.S. COUNTRY?	Carroll James
14A.USUAL OCCUPATION (Give kind of work 14B. KIND	OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)		Catherine Schaeffe
16. WAS DECEASED EVER IN U.S. ARMED FORCES	? 17. SOCIAL	
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	1221 Brandford Road
no	213-10-0229	Mrs. Carroll James, Baltimore, Md. 21228
19. 4412.91	CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		clerotic Cardiovascular Disease
(This does not mean the mode of dying, e.g.,	(A)IMMEDIATE C	AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease,	DUE 10, OK A	AS A CONSEQUENCE OF:
Injury or complication which coused death.)		
ANTECEDENT CAUSES	(2)	
DISEASES OR CONDITIONS, IF ANY, GIVING	(B) DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST.	(C)	
2 1/ 2 2 1 11		
THER SIGNIFICANT CONDITIONS CONTRIBUT		
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	20 H D T D T D T D T D T D T D T D T D T D
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION I	FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
lö n		***
	OOD BY A OF OF IN MANAGEMENT	Yes Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-	228. PLACE OF INJURY (e.g., home, farm, factory, street, office	, in or obout 22C. WHERE DID (If In Boltimore City, give exoct location) ce bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE AT NOT	T WHILE
	m. WORK AT W	WORK L.
23.		V
I certify that I held an Inquiry	Inspection Au	and that an this basis, death in my apinian
resulted fram: Natural causes	Accident Suicio	de Homicide Undetermined manner
		CHIEF MEDICAL EXAMINER
ACTUAL MILL OF	30'	DATE SIGNED
SIGNATURE LUCY NO.	-/ M.D	0./17/60
EXAMINER'S Werner U. S	Spitz, M.B.	ASSOCIATE MEDICAL EXAMINER 2/5/68
NAME (Type)	. D	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 2-8-68	New Cathedra	al Cemetery Balto.
	AME OF DECISTRAD	DEC EUNEDAL DIRECTOR ADDRESS
ZJA. DATE REC D BT FIEALTH DEPT. 238, N.	AME OF REGISTRAN	A [U] Lamondson Avenue
FEB 7 1968 BLC	at E. Jaken	Witzle Funeral Directors, Balto., Md. 2122

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68-1488 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68-1488

BIR	TH NO.											
	NAME OF DEC	HN		W.		DETTS	2. DATE OF	Known 💽 Estimoted 🗆	Month Februa	ary 3, 1	.968	3:35 P.M.
4 1			DVI ANID V		ONOUNCED D		3. DATE	L3IIIIIOTEG 🖂				Hour M.
FUL HO:	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	AL OR INST	ONOUNCED DITUTION, GIVE S		PRONOL	SIDENCE (Where				3:35 P. M.
								Maryland		11	1	-67
6. 5	Male	7. RACE Neg	ro		IED NEVER		C. CITY OR Balti			D. INSIDE CIT	MITS?	
0 -	ATE OF BIRTH			WIDOW		IVORCED L		ND NUMBER		YES		10 🗆
y. L	10/2/88		10. AGE (I lost birthdo		Months, Doys	Hours Min.		Pitcher St	reet			
11.	BIRTHPLACE (S	tote or loreig	n country)		12. CITIZEN O	F	13. FATHER	SNAME			119	
	Reistert		Md		UWHATCAU	INTRY?						
14A don	USUAL OCCUP during most of w Labore	orking life, eve	kind of work en if retired)	14B. KIND	OF BUSINESS	OR INDUSTR	Y 15. MOTHER	S MAIDEN NAM	1E			
16.	WAS DECEASE	D EVER IN	J.S. ARMEI	FORCES	? 17. SOCI.	AL	IB. INFORM	ANT		ADI	DRESS	
(Ye	Yes	(II yes, give w	or or dotes	ol service	220-0	2-1178	Mrs	Gladys Ale	exander	, same		
	19. 4/2	2.91				USE OF DEA			. 1124		BETWE	PROXIMATE INTERVAL
		OR COND		CTLY	A	rterios	scleroti	c Cardiov	ascula	r Diseas	se	
	dia.	EADING TO		ina e a	(4)IMMEDIATE	CAUSE AS A CONSEQ	MENCE OF				
	heort loilure,	osthenio, etc. plication whic	It meons the	diseose,		DUE TO, OK	AS A CONSEQ	DENCE OF:				
	44	ITECEDENT	CALISES									
	DISEASES C	R CONDITIO	ONS, IF AN	Y, GIVING	(E	DUE TO, OR	AS A CONSEC	QUENCE OF:				
7		ABOVE CAL		TING THE	10	=)						
Ó	422.1		11		10	-/						
CERTIFICATION	OTHER SIGN TO THE DEA	IFICANT CONTH BUT NOT	DITIONS C	THE TERM								
RTI				, ,	FOR WHICH O	PERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
	2										Y	es
EDICAL	22A. EXTERI UNDERLYING UTING ☐ CAI		TRIB-		22B.PLACE OF home, form, lact	INJURY (e.g., ory, street, offic	in or obout 2 ce bldg., etc.)	2C. WHERE DID (NJURY OCCUR?	II in Boltimore	City, give exoci	t locotion)	
Σ			oy) (Yeo	r) (Hou) 22E.INJURY	OCCURRED	2	2F. HOW DID IN.	IURY OCCU	R?		
	(APPROX.)				m. WHILE AT WORK		WHILE VORK			36-71		
	23. I certi	ify that I ha	eld an l	nquiry	Inspect	ian 🗌 🗛	topsy 🛛	and that an th	nis basis, a	death in my a	pinian	
	result	ed from: N	atural cau	ses X	Accident	Suici				ed manner L	1	
	ACTUAL	1000	0 1.0	1	5 -)		CHIEF MEDICAL E				DATE SIGNED
	SIGNATU	IRE UU	YUL	26	A Contraction	M.D.M.E	o, ASSI	STANT MEDICAL E	XAMINER	X	14	
	EXAMINI NAME (T		We	rner	S Sparts	z, M.D.	ASSO	CIATE MEDICAL E	XAMINER		2-4	-68
	A. BURIAL CREA MOVAL (Specil		4B. DATE		24 NAME	of CEMETERY	ar CREMATO		LOCATION	(City, town,		(Stote)
	Burial		2/8/	58	Natio	nal Ce	metry		Baltimo	re	Md	
25	A. DATE REC'D	BY HEALTH I		25B. N	AME OF REGIS	STRAR		Halste		6 W Nor	th A	9
						the state of the s						

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DELL - PROPERTY AND

Spring Invited

38/6/5

Intro

BALTIMORE CITY HEALTH DEPARTMENT

D. INSIDE CIPALIMITS? YES 3 NO If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? ITALY ADDRESS MRS. MINNIE BETTINELLI 905 FAWN ST. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that In (my) (our) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) 25C. FUNERAL DIRECTOR ADDRESS

REG. NO

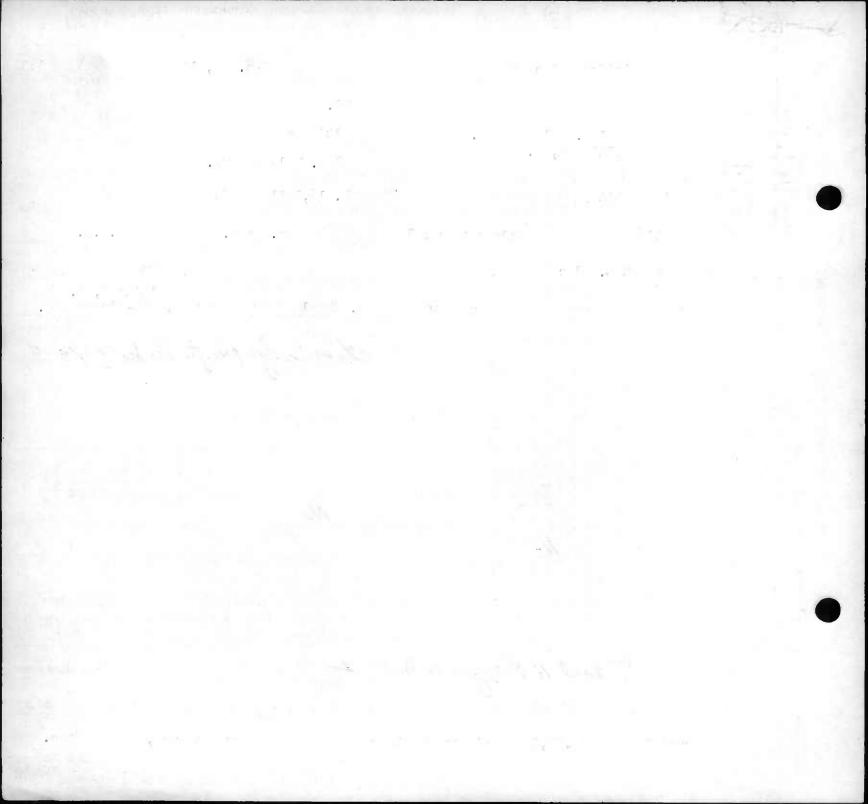
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows. (1) An accident of any natures (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT 68- 1490 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type at Print) Jan. 29, 1968 Winifred Black Jordan 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) l'iCle **FULL NAME OF** HOSPITAL OR C. CITY OR TOWN YES 🔝 NO Baltimore 70 1 W. Melrose Ave. E. STREET AND NUMBER Baltimore . Ed. 701 W. Melrose Ave. 9. AGE (In years S. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Un Manths: Doys Haurs If Under 24 Hrs. 7. MARRIED NEVER MARRIED lost birthdoy) Feb. 10,1911 Female White WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most af warking life, even if retired) U.S.A. McDonogh School Aetna Co. Tenn. Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Robert S. Black 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknawn) (If yes, give war or dotes af service) SECURITY NO. Baltimore, Ma. Dr. Charles Edward Jordan, 701 Melrose Ave. unknown None CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. II means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 204.0 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 0 ū 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If In Boltimore City, give exact location) home, form, foctory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) OF INJURY (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Not While While At (A PPROX.) At Wark 22. I certify that (1) (this hospital) attended the deceased from .199..... that (1) (we) last saw the deceased alive anand that in (my) (aur) apinian death accurred an the date and hour and fram the causes stoted abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Z Director approval 23C-PHYSICIAN'S NAME (Type) prior 403 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) decease Tenn. Lawrence burg. Jan. 31, 1968 Mimosa Cemetery Burial

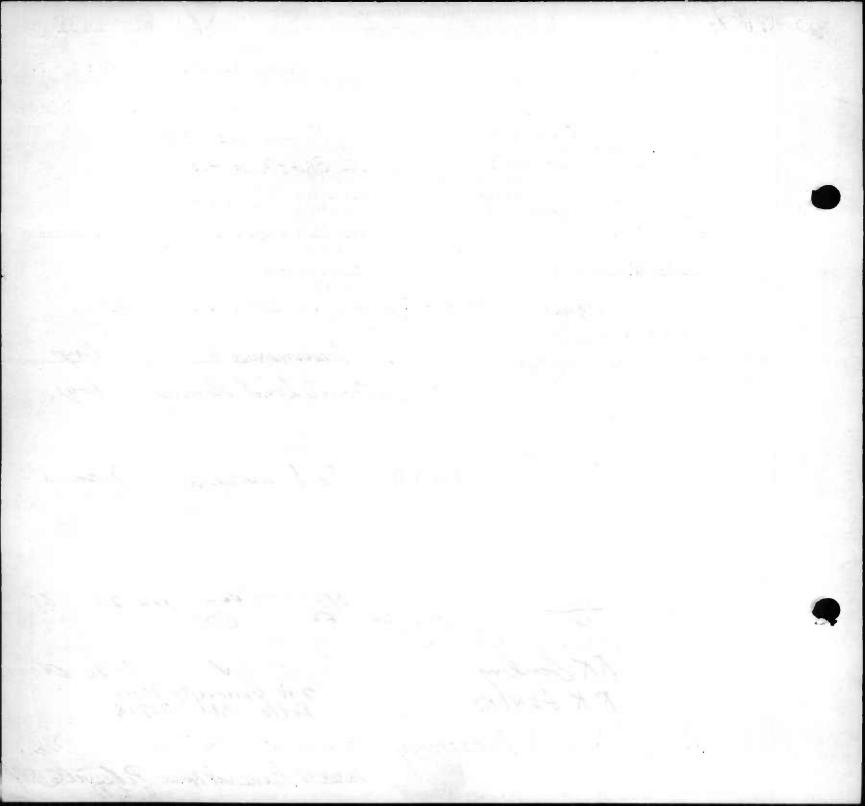
2SB. NAME OF REGISTRAR 2SA, DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR VS 150-REV. 1/1/6B



VS 150-REV. 1/1/65

Such

4	BIRTH NO. M.E. CASE NO. BALTIMORE CITY CERTIFICA	Y HEALTH DEPARTMENT	68- 1491
1	M.E. CASE NO.	TE OF DEATH	
		2. DATE AND HOUR OF DEATH	
	(Type or Print) Mary Warvel	January 25, 1968	12:45 P. _M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland Baltimore Co	unty 53-00
	Keswick Home for Incurables	C. CITY OR TOWN (If outside city limits, write RL	IRAL ond give township)
1	700 W. 40th Street	D. STREET ADDRESS (If rurol, give location)	
	Baltimore, Maryland 21211	17 BRIGHTSIDE AVE.	
mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
is m	Female White WIDOWED, DIVORCED (specify) widow	8-24-1887 81 years	Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
.0	m practical nurse	Carroll County, Md.	United States
Si	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
disposition	Howard W. Barnhart	Laura Reaver	
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
final	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 217-22-8850A	Mary B. Di Paula, R.N. K	eswick Home
01	1-861	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	Mand
balmed	(This does not made the made of duing as	Ineumonia +	
pqu	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	istrointestinal bleeding	News
E	ANTECEDENT CAUSES (B) COM	escromedono recenny	1329
are	DISEASES OR CONDITIONS, if any, giving	/	
	UNDERLYING CONDITION last.		****
remains	793 X II	h /:	2/
Le L	DISEASE OF COMPINION CHOSINO II.	= Perkinsonism	Kleers
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
fore	218. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street, or contributions of the contribu	in or obout 21 C. WHERE DID (If in Boltimore	City, give exact location)
bef	DEATH (notify medical examiner)		
90	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
ained	(APPROX.) While At Not Whi		
9	22. I certify that (I) (this hospital) attended the deceased fram	19 58 to Ja	CH 23 1968
0	that (1) (we) last saw the deceased alive an	# 19 6 8 and that in (my) (aur) opini	an death occurred an the date
t b	and haur and from the causes stated abave. (1) (We) (dld) (did nat)		
1 UST	23A. SIGNATURE		23B. DATE SIGNED
E	RK Gerndong M.D. Att	rs. Director Phys.	1-26-68
0 0	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 2 W University	Okny
pprov	1 A GUNDRY M.D.	Pelto Nd 2	1218
0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City	, town, or county) (State)
ritten	25A. DATE REC'D BY HEAVITH DEPT. 25B. NAME OF REGISTRAR	e Menoral Asip Dellines	of me,
W.	23A. DATE REC D BT HEAVETH DEPT. 23B. NAME OF REGISTRAN	25G, FUNERAL DIRECTOR	D & - on m



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FUNERAL DIRECTOR: IMPORTANT	0	4	re	000	p	E
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	pe	Pe	110	oita	ath	stk
	JST	SDE	der	OSF	de	E
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 📞	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	ate	SD	In c	ŧ	7.0	orc
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	68-1	199 BALTIMORE CIT	HEALTH DEPARTMENT	00	4400
4	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	- 1436
11-	I. NAME OF DECEASED TO LITYPE OF PRINT	SFREI	2. DATE AND	HOUR OF DEATH	7:17/ M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	residence befare admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN A	D. INSIDE CITY	
	42 SINAI HOS	PITAL	E. STREET AND NUMBER	Ohn And	NO [A
1	6. RACE 7. MAR WIDO	RIED NEVER MARRIED DIVORCED		AGE (In years If Un Month	dei 1 Yr. If Under 24 Hrs. S Days Haurs Min.
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or foreign	country) 12. C	ITIZEN OF WHAT COUNTRY?
	GAS-STATION TE	XACO, CO.	14. MOTHER'S MAIDEN NAME	6PHIA	W. J. a.
	ANTHONY SE	RGI SR.	MARI	A Fiddi	
1	5. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war or dates af sem	16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS - SVILLE
	no none	220-05-859	8 Mrs. Kulh Se	nai 107 W	ANDRON AVE
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	0 1-1	9	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	SE COLLMAN	10MMM/AM	
	(This does not mean the mode of dying, heart foilure, osthenia, etc. It means the dis	e.g., DUE TO OR AS	A CONSEQUENCE OF:	William William Commence	
	injury or complication which coused death.) ANTECEDENT CAUSES		AS	(111)	
	DISEASES OR CONDITIONS, if any, g	(B) DUE TO, OR AS	A CONSEQUENCE OF:	-VV	
	rise to the obove cause (A) stating UNDERLYING CONDITION lost.				
	422.1	ING			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19R CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSYZ (Yes or No.)	OOR IS VEC WERE PINIONA	CONCIDENCE
	WAS PERFORMED	FOR WHICH OPERATION	100	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21 B. PLACE OF INJURY (e.g., i hame, form, foctary, street, aletc.)	n ar about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare City, s	give exact location)
	21D.TIME (Manth) (Day) (Yeor) (Haur) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	-0.550
	(APPROX.)	While At Work Nat While At Work			
	22. I certify that (1) (this hospital) attended	led the deceosed from	19	to	19
	that (1) (we) lost sow the deceased alive		1	in(my) (our) opinion de	oth occurred on the dote
	ond hour and from the couses stated about 23A. SIGNATURE	ve. (I) (We) (did) (did not) v	iew the body ofter deoth.	228 D	ATE SIGNED/
	(1 V Von 5/11)	1//// /// /// Dh	nding Med. Ste	off ys.	0/11/18
	23C. PHYSICIAN'S NAME (Type)	O DEGREE	23D. ADDRESS	ys. —	77100
	24A. BURIAL CREMATION, 24B. DATE 2	DEGREE	MATORY 24D, LOC	ATION A(Gity, town	, or countyl (State)
	REMOVAL (Specify) Tel. 9,1968	Hole Alollo	markasta	Ballins .	(SM)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Sucunosa	ADDRESS
		0 Cl That II. 46 B			
	FEB 7 1968 OLGAN S 150-REV. 1/1/68	b E. Falleyna	Frank H	Hewell 1	herilas

illian's Ulberteller Allen Mukron

deceased prior written approv shows: (1) An awas D.O.A. at

24A. BURIAL CREMATION, REMOVAL (Specify)

VS 150-REV, 1/1/6B

	RTH NO. NAME OF DECEASED	E OF DEATH REG. NO. 12. DATE AND HOUR OF DEATH
	ype or Printil B' NEAL MR HIRAM	315 Jan 1968 1-40 A.
FI	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE B. COUNTY HARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
3	HOSPITAL	BALTIMORE YES NO E. STREET AND NUMBER 5210 LINDEN HGTS AVE
	MIDOWED DIVORCED	1-27-98 9. AGE (In years If Under 1 Yr. If Under 24 H Manths Days Haurs Min.
do	A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY 1 ine during most of working life, even if retired) PENA BROTHERS FATHER'S NAME	1. BIRTHPLACE (State or foreign country) SEVERIV. Md. 4. MOTHER'S MAIDEN NAME
	UNKNOWN	UNKNOWN
	Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO. 13-10-7404 VB. CAUSE OF DEATH	MRS. MINGRED O'IVEAN, 5210 WINGEN TO
		E Carcino ana lings 1 yr CONSEQUENCE D'Affinse melastass
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A	CONSEQUENCE OF:
MOITAT	TO THE VIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CEPTIEIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
CAI	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) hame, farm, factary, street, officetc.)	or obout 21C. WHERE DID (If in Baltimore City, give exact location) ce bldg., INJURY OCCUR?
AAEDI	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?
		1968 to 315 Jaw 1968 1968 ond that in (m) (aur) opinion death occurred on the death.
	Podelio M. Sun OEGREE Attent	238, DATE SIGNED

1968 WESWEY

BALTIMORE CITY HEALTH DEPARTMENT

D. INSIDE CITY LIMITS? YES V NO [AVE HGTS If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min. 69 12, CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATH YES, WERE FINDINGS CONSIDERED If in Baltimare City, give exact location) U R? 10 315 Jan (aur) opinion death accurred on the date 238. DATE SIGNED 1-31-68 CHH 24D. LOCATION (State)

68-

THE RESERVE NO. OF THE PARTY OF AKTE NECH CLEVICAIN BUN KNOWN Concine on lungs 19

1-31-68 118 7200

WAIR

MEDICAL EXAMINED'S CERTIFICATE OF DEATH

	DO 1434 BALTIMORE CITY HEALTH DEPARTMENT 08 1434
M-460	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
146 00	1. NAME OF DECEASED 2. DATE Known A Month Doy Yeor Hour
	(Type or Print) KATHERINE MILLER OF DEATH Estimoted 1 27 68 12:35p M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) PRONOUNCED DEAD January 27, 1968 12:35 pm.
	OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
	Union Memorial Hospital D.O.A. Maryland B. COUNTY (L. 5300)
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Female White WIDOWED DIVORCED Balto.
	9. DATE OF BIRTH 10. AGE (In years II Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER
	Lune 3 1925 Ost birthdoy) Hours Min. 3101 Northwind Rd.
	BIRTHPLACE (Stofe or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
	Maristand WHAT COUNTRY? Walending Lestilla So
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
	Hausewife awn home Mary Geneviere Supp of
	116. WAS DECEASED EVERIN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT
	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 212-40-574/ Mr. Edward Miller, 3101 Harthowing Ass.
	19. CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A)IMMEDIATE CAUSE SECOND during
	(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease.
	injury or complication which coused death.)
	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
	C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
	DISEASE OR CONDITION GIVEN IN PART 1 (A).
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
	LES .
	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exect locotion) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?
	DUTING CAUSE OF DEATH.
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT
	(APPROX.), 2:450 or 1/27/6 Pm. WORK AT WORK AT WORK AT WORK AT WORK
	I certify that I held on Inquiry Inspection Autopsy X and that an this basis, death in my apinion
	resulted from Natural courses Accident Suicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL ASSISTANT MEDICAL EXAMINER X
	SIGNATURE M.D.
	EXAMINER'S NAME (Type) Edward F. Wilson, M.D. ASSOCIATE MEDICAL EXAMINER January 28, 1968
	24A. BURIAL CREMATION, (24B. DATE 24C NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, gr county) (Stote)
	REMOVAL (Specify)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS?
	and the same of the same
	FEB 7 1968 P. D. J. E. Jahre / Cubiturnal House Pelaswells-8th
	VS 151.REV 1/1/68

Martin Alberta Comment the second of th The same of the sa (PTAN) (2) 自由的 (Example Control of the State of the Stat

68- 1495 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH...

68	1493	

BIRTH NO.				REG. NO.	
1. NAME OF DECEASED		2. DATE Known [Day	Year Hour
EVELYN S.	PUMPHREY	OF DEATH Estimoted	🛛 Februa	ary 5, 1	.968 1:30 P. _{M.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	3. DATE	Month	Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL ADDRESS OR LOCATION)	TITUTION, GIVE STREET	PRONOUNCED DEA	February	v 5. 196	4:05 P.M.
OR INSTITUTION		5. USUAL RESIDENCE (Where deceased live	ed. If institution:	residence before admission)
0 (** 000 to 0 1) (**	2017	A. STATE	8	COUNTY	
6. SEX 7. RACE 8. MARK		Maryland C. CITY OF TOWN		D. INSIDE CIT	V HAAITS?
MIMA	RIED ENEVER MARRIED			D. INSIDE CIT	# # # T
female negro widow		Baltimore		YES	NO P
9. DATE OF BIRTH 10. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMB	ER	29.35	*
2/10/14 = 53		1802 W. Ba	ltimore S	t.	
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME			
John Smith	U.S.A.	John Smith			
14A.USUAL OCCUPATION (Give kind of work 14B. KIN					
done during most of working life, even if retired)		Sadir			
WAS DECEASED EVEN IN HE ADMED CORCE	S? 17. SOCIAL	18. INFORMANT		AD	DRESS
 WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no or unknown) (If yes, give wor or dotes of service) 					
		James Pun	phrey 18	302 W.	Baltimore, 5
19. 16211	CAUSE OF DEA	TH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH	(A)IMMEDIATE	na of Lung			
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose,	DUE TO, OR	AS A CONSEQUENCE OF:			
injury or complication which coused death.)					
ANTECEDENT CAUSES	(8)	AS A CONSEQUENCE OF			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE		AS A CONSEQUENCE OF			
UNDERLYING CONDITION LAST.	(C)				
OF STATE OF OPERATION 20B. CONDITION					
OTHER SIGNIFICANT CONDITIONS CONTRIBU					
DISEASE OR CONDITION GIVEN IN PART 1 (A)					
20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION W	AS PERFORMED	-		21. AUTOPSY? (Yes or No)
0					No
ZZZA EXTERNAL CAUSE WAS	228. PLACE OF INJURY (e.g.	in or obout 22C, WHERE	DID (II in 8oltimore	City, give exoc	
UNDERLYING OR CONTRIB-	home, form, foctory, street, office	te bldg., etc.) INJURY OCC	:ŪR? `		
	22E.INJURY OCCURRED	225 HOW D	ID INJURY OCCU	D2	
OF INJURY		WHILE -	ID INJURY OCCU	Kr	
(APPROX.)		VORK .			
23.					
I certify that I held an Inquiry	Inspection X Au	itapsy and that	on this bosis,	death in my	pinion
resulted from: Natural causes X	_ Accident D Suici	de 🗌 Homicide 🗌	Undetermin	ed monner	
		CHIEF MEDI	CAL EXAMINER		BATE 0101105
ACTUAL ILLS	7 - 7 -	ASSISTANT MED	CAL EXAMINER	K	DATE SIGNED
SIGNATURE EVALUATION OF THE STATE OF THE STA	A M.I	ASSOCIATE MED		П	2/6/68
EXAMINER'S Werner U. S	pits, M.D.	ASSOCIATE MED	CAL EXAMINER		2/0/00
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town,	or county) (State)
REMOVAL (Specific) 2/9/68	Baltimore,				aryland
25A, DATE REC'D BY HEALTH DEPT. 258. 1	NAME OF REGISTRAR	25C. FUNERAL D	RECTOR	AL	DDRESS
25A. DATE REC D DI TIERETTI DETT.	TAME OF REGISTRA	200. TOTTERFEE D			
EEB 7 1988 02 0 A	9 740				. Barre St.

\$1/01/3

John Smith ... U.S.A.

John Smith

Sedir

James Pumphrey 1802 w. seltimore.

surface Saltimore, sattimore, sattimore, Maryland

Charles A. the 661 . Burne b.

		MED	ICAL E	XAMINER'S	CERTIF	CATEC	OF DEATH	68	1498
BIR	TH NO.						REG.	NO	7 2 200
	AME OF DEC	EASED			2. DATE	Known 🛭		Yeor	Hour
(iAb	LE	ONARD :	M.	JOHNSON	DEATH	Estimoted	□ February	4, 1968	2:45 A.
		IMORE, MARYLAND, V	VHERE PRON	OUNCED DEAD	3. DATE		Month Doy	Yeor	Hour
HOS	NAME OF PITAL NSTITUTION			ION, GIVE STREET			redruary 4		2:45 A.
(A. STATE	Marylan	d B. COUN	ITY 72	
6. S		7. RACE	8. MARRIED	☐ NEVER MARRIED ☐	C. CITY O	RTOWN	insit	DE CITY CIMITS?	
	Male	Negro		DIVORCED				YES X	NO 🗌
9. 0	ATE OF BIRTI	1/17/38 GE (II	yeors If U	nder 1 Yr. If Under 24 Hrs. ths 1 Doys 1 Hours 1 Min.	1				
11, 1		tate or foreign country)			13. FATHER		707777		
14Ā.	MARYI USUAL OCCU		14B. KIND OF	BUSINESS OR INDUSTRY	VIS. MOTH	J AMES	JOHNSON		
done	during most of w	orking life, even if retired)			M	ARIE SU			
16. (Yes	WAS DECEASE no or unknown)	DEVERINUS. ARMED (If yes, give_war or dates_	of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT		ADDRESS	
		216-36	-4010	XXXXXXXXX	Ber	nice B	seal 739 W.	Fairmon	int Ave.
	9.	166 X		CAUSE OF DEA	ŤН			AP	PROXIMATE INTERVAL
		OR CONDITION DIRE	CTLY	Stab wo	und of	chest,	left		
	(This does no heart lailure,	of mean the made of dy asthenia, etc. It means the	DOT STATE STREET STREE						
	injury or com	plication which coused dea	oth.)						
z	DISEASES O	ITECEDENT CAUSES OR CONDITIONS, IF ANY ABOVE CAUSE (A) STA G CONDITION LAST.	I, GIVING TING THE		as a consi	QUENCE OF:			
흔	E 027	V 11		()					***************************************
CERTIFICATION	TO THE DEA	FICANT CONDITIONS CO	THE TERMINAL					~~~	
1	20A. DATE OF	OPERATION 20B. CO	NDITION FOR	WHICH OPERATION W	AS PERFOR	MED		21. AUTO	
X	22A. EXTERM	NAL CAUSE WAS	22B.	PLACE OF INJURY (e.g.,	in or obout	22C. WHERE D	ID (If in Boltimore City, giv	e exoct locotion)	
	UTING CA	OR CONTRIB-		Home		739 W. F	'airmount Aver		-02
	OF INJURY			22E, INJURY OCCURRED	MAILE				
	(APPROX.)	2 4 1900	2:25 m.	WORK AT W	ORK X	Stabbin	g		
	23. I certi	fy that I held an I	nquiry 🗌	InspectionAu	topsy X	and that a	n this basis, death in	my apinion	
	result	ed fram: Natural cau	ses 🗌 🛕	ceident Suicio	le 🗌 H	amicide X	Undetermined mann	ner 🗌	
П		1111000	1 (2 -		CHIEF MEDICA	AL EXAMINER		DATE CIONED
Н	SIGNATU	of 1019rues	4-7	Mr.	ASS	ISTANT MEDIC	AL EXAMINER		DATE SIGNED
	EXAMINE NAME (T	RIS Wer	ner U	Spitz, M.D.		OCIATE MEDIC	AL EXAMINER	2	-4-68
24A	BURIAL CREM	ATION, 24B. DATE	24			ORY 2	4D. LOCATION (City,	town, or county)	(Stote)
	OVAL (Specif	2/0/0	9	Mt. Aubur	n	3 88	baltimore.	Marvle	nd
	Burial DATE RECOL	BY HEALTH DEPT.		THE STREET	125.0	FIINEDAL DID			***
			Les !	E. Faller					mma Ct

VS 151-REV. 1/1/68 N 8 75 0

BESER 11/17/56

SHARYBAN

JAMES TORNSON

Ele-Se-4010 REXERRER; Bernice Besl 759 W. Feirmongt avel

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Charles as itted 661 as selvent

68- 1497 CERTIFICATE OF DEATH

REG.	NO.	68	1.40
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Charles A. Rice 661 W. Barre St.

	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the chief medical examiner	or his assistant if deat	occurred in a hospital and
the body was released to the hospit	al by a medical examiner.	Also, if the direct or	to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	; (2) Body burns; (3) A fractur	re of any kind; (4) Unde	termined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	nere the physician who proi	nounced death was in	regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	lo physician was in regular	attendance on the de	ceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	before the remains are embal	Imed or final dispositio	n is made.

BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ALICE ROSETTA SAVAGE 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS BALTIMORE YES Y NO E. STREET AND NUMBER 2601 Ridgely Street 2601 Ridgely Street 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. 7. MARRIED NEVER MARRIED Hours lost birthdoy) F C WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rubin Johnson Marv Robinson 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. Family CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the above couse (A) stoling the UNDERLYING CONDITION last. 6 Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) ERTIFIC 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED $\overline{\mathbf{0}}$ 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased olive an and that in(my) (our) apinion death accurred an the date. and hour and fram the couses stated obove (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) 2/10/68 Mt. Aubu Burial Baltimore Auburn 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH

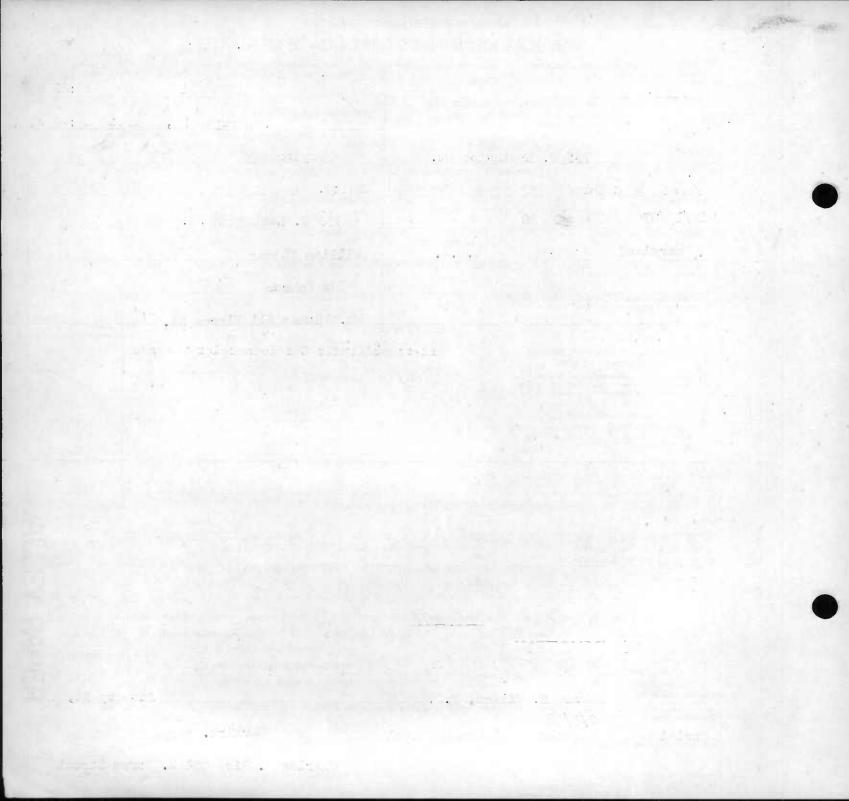
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		00- 1498	BALTIMORE CITY H	HEALTH DEPART	MENT		
1-25	BIRTH NO	MEDICAL E	EXAMINER'S	CERTIFIC	ATE OF	DEATH	REG.
	NAME OF DECEASED			IIO DAYE	v v	44 4	-

BIR	TH NO.		77125			7 (7 (7)					REG. NO			
	NAME OF DEC	CEASED					2. DATE	Knaw	n X	Manth	Day	Year	Haur	
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11.	Maryl		gn country)		W	HAT COUNTRY?								
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	DISEAS	E OR CONI	DITION DIREC	TIV		Arterio	clerat	ic Ca	rdio	vascul:	ar Disea		TELL OTTOET ATTE	DEATH
		LEADING T		LILI				10 00		vab Ça z	22000			
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	injury or con	r, asthenia, et mplication wh	c. It meons the ich caused dec	diseose, ith.)										
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	RISE TO THE	E ABOVE CA	USE (A) STA	ING THE		DOE 10, OK	M3 M CO1436	GOENCE	Or:					
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2	42211	/	II											
₹ O	OTHER SIGN		NDITIONS CO											
E.			GIVEN IN PA											
CERTIFICATION	20A. DATE OF	F OPERATIO	N 20B. COI	NOITION	FOR W	HICH OPERATION W	AS PERFOR!	MED				21. AUTO	PSY? (Yes or	No)
	6												No	
₹		NAL CAUSE			228. PL	ACE OF INJURY (e.g.,	in or about	22C. WHE	RE DID	(If in Boltimor	re City, give exa	ct lacation)		
EDICAL	UNDERLYING UTING CA				hom e,	farm, factory, street, offic	e bldg., etc.)	NJURY	CCUR?					
Σ	22D. TIME		Day) (Year) (Hou	r) 221	INJURY OCCURRED		22F. HOV	V DID IN	JURY OCCI	JR?		- 6 11	
	OF INJURY (APPROX.)				WI	ILE AT NOT	WHILE							
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	ACTUAL	Pal	. \	_	W.	15				XAMINER	$\overline{\mathbf{x}}$		DATE SIGNI	ED
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24	NAME (1		dward I	. Wi	Isor	NAME of CEMETERY	or CREMAT	ORY	24D	LOCATION		anuar		968
	MOVAL (Speci		2/3/68		1	TAME OF CEMETER !	or exempti		240.	LUCATION	(City, town	, ar county	, (Sidle	,
_1	Buriel			1	0	Queen Chapel			M	urkirk	Maryla	and		
25	DATE REC'D	BY HEALTH	DEPT.	258. N	IAME C	neen Chapel	25C.	FUNERAL	L DIRECTO	OR		DDRESS		
	DEL	9 1	968	Boll	rE.	Stalleria		Charle	es A.	Rice	661 W. I	Barre	Street	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

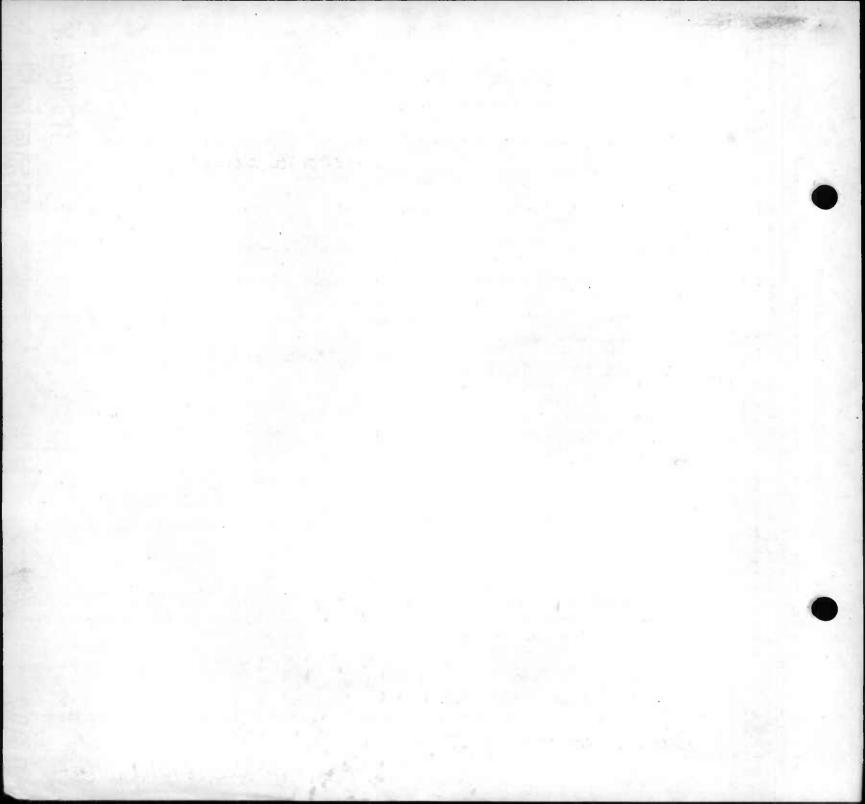
VS 150-REV. 1/1/6B

88- 1499

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

REG. NO.	62-	1499
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BIRTH NO. CERTIF	-ICATE OF DEATH					
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH					
(Type or Print) Clarence E Warner	2 Feb 68 700 PM					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN Baltimore					
University of Maryland Hospital	Baltimore E. STREET AND NUMBER 128 Scott Street					
38						
5. SEX 6. RACE 7. MARRIED NEVER MARRIE						
MALE NEGRO WIDOWED DIVORCI						
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN					
dane during mast of working lile, even if retired)	MARYLAND USA					
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
or rottler a rooms	THE THE STATE OF T					
ERNEST WARNER						
S. Was Deceased Ever in U. S. Armed Farces? (es,no or unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS					
J. Committee	Medical RECORD					
18.796 7 CAUSE OF						
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	, OR AS A CONSEQUENCE OF:					
7 9 5, 5 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
198. Date of Operation 198. Condition for which operation was performed Subdurat Hemato	IN CERTIFYING CAUSES OF DEATH?					
U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJUR home, farm, foctory, setc.)	XY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) street, affice bldg., INJURY OCCUR?					
21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCUR						
(APPROX.) While At N	Not While S					
	in 10 JAN 68 19 10 2 Feb 1968					
	2 Feb 19 8 and that In(my) (aur) aplnian death accurred an the					
and haur and fram the causes stated above. (1) (Wie) (did) (did 23A, SIGNATURE	(238. DATE SIGNED					
	Manufacture of the second of t					
William Edward Mock PEGI	REE Phys. Director Phys. L Teb 68					
Villiam Edward Mock M.D.	DEGREE Winnersely of Md. Hosp Ballo Md.					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stat					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME, OF REGISTRAY	255. FUNERAL DIRECTOR ADDRESS					
The state of the state of	To Know ling of Rice - 66/4 Bannott					



IMPORTANT

FUNERAL DIRECTOR:

7		68-	- 15	BALTIMORE CITY	Y HEALTH DEPARTMENT 68- 1500						
		00	المر	CERTIFICA	TE OF DEA	TH REG. 1	١٥	700	-		
\$	TH NO.	FASED		CERTITION	2. DATE AND HOUR OF DEATH						
(Тур	e or Print)	rris, Mr. W.	Налл	. Tr.	2-5-68 11:20 am						
3. [PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)						
					A. STATE B. COUNTY						
FUI	LL NAME OF	(IF NOT IN HOSPIT	AL OR IN	STITUTION, GIVE STREET	Maryland						
INS	NOITUTION	Home for In			C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?						
			curat	res	E. STREET AND NU		YES) NO			
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5. S		re, Maryland	1-			. Charles					
D. 3			7. MARR		8. DATE OF BIRTH	9. AGE (In year	Month:	der 1 Yr. If Un s Doys Hours	er 1 Yr. If Under 24 Hrs. Doys Hours Min.		
	Male	White	WIDOV		March 1,1						
done during most of working life, even if retired)				11. BIRTHPLACE (Stote	e or foreign country)		TIZEN OF WHAT	COUNTRY			
Lawyer Law				Maryland			U.S.A.				
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME							
W. Hall Harris					Alice Patterson						
c t	Was Darrer I	Function II C A	?	11 (50 0) ()	17 1410001	10					
Yes	, na or unknown)	(If yes, give wor or dote	ces: s of servi	16. SOCIAL SECURITY NO. 216-42-6249	17. INFORMANT	D N	9.7	ADDRESS			
7	les	WW I		216-42-6249	Mrs. Depo	nal, K.N.	K	eswick			
	1B. // / O	9		CAUSE OF DEATH	1			APPROXIMATE BETWEEN ONSET			
	rise to the	OR CONDITIONS, if a obove couse (A) CONDITION lost.			a consequence of	red cleres	to the state of th	0	J:		
CATION	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMIN	NAL							
RTIF					No		WERE FINDING NG CAUSES OF	S CONSIDERED			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF I home, form, foctor etc.)				21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21C. WHERE INJURY OC	DID (If in I	Boltimore City, g	ive exact location)			
				21 F. HOW I	DID INJURY OCCUR?			1.00			
▼ OF INJURY While At Not While					le 🖳						
				Work At Work		711			7.0		
		Mary or report of the last of	and the same of th	ed the deceased from to		19 67 to	Rebruar	1	19 65		
	that (1) (we)	Last saw the decease	d alive	on Selzuary 4	19/68	and that in (my) (a	r) apinion dé	oth accurred a	n the da		
	ond haur and	from the causes stat	ed abov	e. (1) (We) (did) (did not) v	ew the bady after	death.					
	23A. SIGNATU		2	2			23 B. D	ATE SIGNED			
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	23 C. PHYSICIA	N'S	200	OEGREE!	3D. ADDRESS	r Phys.	12	00	_		
	NAME (T)	Hunter Wils	on	Jr., M.D.		10th Stace	+ Dal	EW L	27.2		
244				OEGREE		+Oth Stree		to, Md.	212		
24A	REMOVAL (S	MATION, 24B. DATE	240	C. NAME of CEMETERY of CRE	MATORY	24D. LOCATION	(City, town,	ar county)	(State)		
В	urial	2-7-68	3	Greenmount		Baltimore			Md.		
		BY HEALTH DEPT.		ME OF REGISTRAR	25C. FUNERAL DI			ADDRESS	1100		
	EFR	7 1968 0	2 6	8 Jan 1- 12	H.W.Jenk	ins & Sons	Co.49	05 York	Rd.		
VS '	150-REV. 1/1/6	В	- Franchisco					lto.,Md			
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